The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SEVEN NUMBER FOUR

APRIL, 1941

Qualifying for Leadership

In a recent lyrical outburst, we said that when the roses come to Vancouver, the robins to Toronto and the crows to Montreal, nurses respond to the urge of Spring by flocking to conventions. As our Official Directory will show you, there are nine Provincial Associations of Registered Nurses, several with two or more district branches. Then there are eighty-three Alumnae Associations, and nine Associations of Graduate Nurses, which means that there are well over a hundred nursing organizations in Canada. Each of these groups has a president, at least one vice-president, a secretary, and a treasurer. Some have councillors who are also members of the executive, and all have chairmen of committees charged with special responsibilities. So there are plenty of opportunities for competent young nurses to qualify themselves for leadership in provincial and national affairs.

The Journal has the good fortune to have direct contact with all these organizations. Almost without exception, their officers are capable and energetic, and take their duties seriously. Whenever we attend an Alumnae Meeting we always take a good look at the president, the secretary, and the treasurer because we realize that we are probably in the presence of nurses who eventually may make their mark in a wider field. It is when it comes to the chairmen of committees that we have to admit that one never knows. They may be excellent and often are, or they may be just so much dead wood. Sometimes it is not the fault of the chairman — the committee itself may long have outlived its usefulness and yet be carried over from year to year simply because no one has the courage to suggest decent burial. We can think of committees which confine their activities to preparing an elaborate annual report explaining why they have accomplished nothing. On the other hand, there are useful and lively groups doing a real job

who do not make as good a showing on paper.

Of one thing we are firmly convinced — no committee can do good work unless it has the sympathy and support of the parent organization. There is sometimes an unfortunate tendency to saddle a committee with a difficult piece of work and then leave it to sink or swim as best it can. Success or failure depends not only upon the manner in which a project is launched, but also upon the way it is guided and sustained. The chairman of any committee should report regularly to her Association, and an alert president will thus be able to judge whether the project is getting the support it deserves from the association. No nurse should undertake to direct a committee unless she is genuinely interested in the task which is involved, and is prepared to put her back into it. A languid bored chairman can kill any project, no matter how promising, by the sheer weight of her own indifference.

A capable nurse sometimes hesitates to accept office because she finds it difficult to speak in public. The best way to overcome this shyness is to act as secretary of a committee. This will give her an opportunity of reading her report aloud before a relatively small group and of taking part in the discussion arising out of it. Some fine day, she will suddenly discover that she has learned how to think on her feet and that her nervousness has vanished. She may never be an orator but she will be able to make herself clearly heard and plainly understood, and that is enough for all practical purposes.

Many associations appoint nominating committees, and most of them do a good job. A few do not, because they have not been properly instructed in their duties. Nominating committees have been known to cherish the delusion that their recommendations are final and, that when they beat, no dog should bark. Before sitting down to make up the slate, the members of the committee should give prayerful attention to pages 50 to 60 in "How to conduct public meetings in Canada", by Helen Gregory MacGill. Incidentally, this little volume comes in very handy when dealing with the intricacies of "the amendment to the amendment", and other prickly situations.

Canadian nurses have every reason to be proud of their national and provincial organizations. Most of the women who now so ably direct them came up the hard way, and served their apprenticeship in their alumnae and district associations. If the nominating committee gives you a chance, why not accept it and, having been duly elected to office, prove yourself capable of leadership?

— E. J.

Neither Led nor Driven

I would rather die than live helping to make everything one uniform level. I love enjoying those things which I suppose are nothing, but which seem to have taken a long time to earn. You cannot possess anything here, but once you find that out, a milestone is passed. I am one of the teeming millions who do not want Fascism or Communism. We will be neither led nor driven, because we are slow to think, and don't want to have our thoughts broken into and rifled. But we are here, as the grass is here.

—MALACHI WHITAKER

Administration in Small Hospitals

ANNE WRIGHT

As the result of the vast strides that have taken place in the science of medicine during the last fifty years, our conception of the care of the sick has been changed. The idea that a hospital is a place where the poor are taken to end their days has passed, and we recognize the modern hospital as an institution where patients go to regain their health and as an indispensable part of community life.

From this wide demand for hospitalization, has come the necessity for adequate and sufficient hospitals to meet the needs of communities other than the large cities. The term "small hospital" usually means a public hospital doing general hospital work and which has 50 beds or less. It may be voluntarily or municipally controlled, or operated by a religious or fraternal order. There is also the "private hospital", operated by a nurse or a physician, which in contradistinction to public hospitals, does not receive a government grant. In voluntary hospitals the trustee body is made up of a group of public-spirited citizens who assume the responsibilities, financial and otherwise, of the institution, and take personal pride in their accomplishments. These hospitals are free from political control and are conducted without financial profit, existing solely to supply the best service to the ill and injured in the community.

The administration of the small hospital is the task of the superintendent, who is responsible to the Board of Governors for carrying out the policies formulated by them. She necessarily requires experience in hospital administration, and must adapt herself to local conditions. She must analyse the work to be done and so organize the personnel as to cover all its phases, depending not only on the efficiency of individual workers, but on a pleasant and co-operative spirit among the personnel. She should maintain an open mind, be ready to see the significance of a suggested change of policy in any department, and to make the heads of departments feel that any suggestions they may have to offer will be welcomed and considered. Staff conferences should be held at regular intervals and open discussion should aid in settling the misunderstandings that inevitably arise from time to time, and should create among the staff that bond of unity, which is so essential. No hospital is too small for these conferences.

The most important objective of hospital endeavour is the care of the sick for which the physician shares responsibility with the hospital. In order that both may function efficiently, the medical staff must be organized. Such organization is the one force that unites the doctors, and holds them together in spite of many differences. Appointment to the medical staff may be made by the Board of Governors on the recommendation of the medical staff. The privileges of the hospital are extended to a newcomer in the community by the Board of Governors, following an application setting forth his professional standing and experience which has been approved by the medical staff. Such a procedure is necessary in a community with an open hospital, in order that no question may arise as to the status of any member of the medical profession practising in the hospital. Meetings should be held regularly, thus providing an opportunity for the staff to discuss the improvement of

hospital service as well as medical problems.

Small hospitals are now experiencing a trend toward the employment of graduate nurses. Many have voluntarily closed their training schools because they are now convinced of the advantages of the graduate staff and that the difference in cost is negligible. The consensus of opinion regarding the advantages of a graduate staff, versus an undergraduate staff, appears to be: (1) Graduate nurses give better service to the patients, and inspire more confidence. (2) The graduate staff is more flexible and can be reduced or increased as the necessity arises. (3) It is expensive for a small hospital to have a school of nursing because the equipment, teaching personnel, and residence facilities must be provided.

Many hospitals, that have the facilities for carrying on a school, have voluntarily reduced the number of student nurses and employ graduate nurses on a temporary basis, increasing or decreasing the number as the occasion demands. This is a fair arrangement for the nurse, if she understands that her work is temporary and if she is paid on a satisfactory schedule of fees. What this schedule should be is a matter for individual hospitals to arrange, but in my opinion it might be on a daily basis for a week or less, and for more than a week at a monthly rate.

Even though a small hospital may have an adequate nursing staff, it may not be so fortunate in the radiological, laboratory, and other specialized departments. X-ray equipment has become so greatly simplified and reduced in cost that there are few of the smaller hospitals now without it, but its operation remains a problem. If the hospital can afford a technician and a part-time radiologist, or a part-time technician who may divide his or her time with other departments, the difficulty is overcome. The radiologist may be a doctor in the community who has a good knowledge of X-ray, or one who has specialized and divides his time among several institutions in the district. In Ontario, there are Provincial Laboratories where all specimens may be sent for examination at a set fee. The ordinary procedures may be done by a trained person on the staff, such as the pharmacist, or the part-time X-ray technician, or a staff nurse.

While our small hospitals are as well staffed and equipped as conditions will permit, there is a limitation to the work that can be done in them. The members of the medical profession who realize these limitations do not hesitate to send patients to the larger institutions where most exhaustive examinations can be made, and the most expert treatment given.

The keeping of good records is essential to the successful operation of any hospital, but the doctors procrastinate and plead that they are too busy, which is often true. Most of us have had the experience of looking up a history of a former patient (perhaps at the request of the doctor) and finding nothing in it of any value. What that lack of information may mean to the patient, no one will ever know. An experienced record librarian may be the answer to the problem, but not altogether. If the medical staff appoints a record committee which will assume the responsibility of constantly bringing the attention of the doctors to their unfinished histories, and insisting on these being kept up-to-date, then the record librarian could fulfill her duties successfully. My difficulty has been to persuade the medical staff to appoint this committee, because no one wants to act on it. If the hospital can only afford a part-time record clerk, a

staff nurse, who has had some previous office experience might serve acceptably. All nurses should share responsibility for good records, but without the closest co-operation and sympathetic interest of the medical staff, the keeping of good records in a small hospital is almost an impossibility.

The small hospital is frequently called upon to loan such articles as crutches, splints, intravenous outfits, operating supplies and plaster bandages. There is a difference of opinion as to what extent this should be done, or whether it should be done at all. Certainly a hospital can be imposed upon, but I feel it is unwise to make a hard and fast rule about it. There are occasions when a hospital can be of real assistance to the doctor by loaning him some article of equipment for which he might otherwise have to meet the expense. Considering the amount of work the doctors do for us—the active medical staff particularly—in lecturing to the nurses, and looking after sick nurses, it is only fair to help them in an emergency. One courtesy which can be extended to the active medical staff, and which will be appreciated, is giving them free hospitalization if they are ill, and a 50 percent reduction of the total bill for a member of their immediate family. It is surprising how little this amounts to over a period of years, and whatever it costs the hospital can be considered a good investment.

It has been said that fundamentally the out-patient department is for the care of the ambulant poor. If such a department does not exist it is obvious that these patients are cared for by the local doctors whether at the home or in the office. Unless the doctors desire the hospital to have an out-patient department, it is injudicious to organize one because such a department is necessarily dependent on them for gratuitous service. Clinics such as dental, well baby, tuberculosis, and mental health which are operated by the local board of health may, however, be held at the hospital, and nursing service be provided during clinical hours. This is one way to develop the hospital as a health centre for the community.

The smaller the hospital the greater the difficulty in segregating the patients, of keeping noisy patients from disturbing others, of having the obstetrical patients quite apart, of separating children from adults. One bugbear of all small hospitals is the admission of an unrecognized or undiagnosed case of communicable disease. If observation rooms are lacking, which they are sure to be, doubtful cases should be kept in a separate room until the diagnosis is made, and isolation technique carried out by the nurses who should be taught to nurse all undiagnosed medical cases with precautions both as a protection to themselves and to other patients. Who has not had the experience of seeing a "medical" case diagnosed after two or three weeks as tuberculosis? If the nursing staff is alert, it can often isolate a patient without waiting for a diagnosis to be made.

If the hospital is too small to afford a dietitian, the food service is directed by the superintendent. The smaller the hospital, the fewer the special diets, but even one case of diabetes requires careful regulation and scientific control of diet. A travelling dietitian, who would serve several hospitals in a defined area, would be a possible solution for hospitals unable to afford a full-time dietitian. She could spend a certain time in each hospital, giving instruction in the preparation of special diets, and in diet therapy. Each hospital could pay its share towards her salary and would find the money thus spent to be a profitable investment.

Few problems bother us as much as that of visitors. How far should we go in rigidly enforcing the rules respecting visiting hours? I am asked, on an average of once a day, for special permission to visit a patient out of regular visiting hours. Very often reasons for wishing to do so are legitimate—husbands working in industries on shifts the hours of which do not make it possible for them to visit their wives during visiting hours; an employer or employee wishing to see a patient on business; friends who have come from a distance not knowing the visiting hours. We make exceptions, probably too many of them, and we are sometimes imposed upon — particularly in regard to the relatives from a distance. However, it was in regard to rules for visitors that I first realized that small hospitals cannot make rules and regulations and rigidly enforce them as do large hospitals. The enforcement of rules, which in a large hospital is credited by the public to good system, is in the case of the smaller institution attributed to fussiness or crankiness by the person who has been denied some privilege. It is better to be lenient rather than too rigid in regard to these rules as the whole life and well being of the institution is dependent on cordial public relations.

In some small hospitals, the duties of the housekeeper may have to be divided between the superintendent and her staff supplemented by the activities of voluntary help in the sewing room. If a housekeeper is employed, one of her chief duties is to supervise the work of the employees and to obtain the maximum in efficiency and economy. The decision as to whether or not a hospital should operate a laundry depends on what capital investment would be involved, as well as the costs of operation. Even some large hospitals have found it cheaper to send the laundry to a commercial plant.

There are two aspects of hospital management that demand constant and careful supervision, namely, economy and efficiency. We require the co-operation of all connected with the work of the hospital in these matters, including the medical staff, the nursing staff and all employees. Greater care should be practised in the use of rubber gloves, sterile dressings, adhesive plaster and syringes. The economics thus affected would amount to a considerable sum annually. At the same time we must remember that no hospital can efficiently discharge its duty to the public with obsolete or inadequate equipment. The adoption of a hospital pharmacopoeia avoids much unnecessary expenditure in the use of drugs, and overcomes the difficulty of dealing with the extravagance of ordering expensive drugs, where an ordinary preparation on hand in the pharmacy would serve the same purpose.

By way of conclusion, a word should be said about public relations. It is necessary to interest people in our hospitals; too many have prejudices against them. A public relations committee, comprised of representatives of the hospital board and the superintendent is desirable for every small hospital. This committee may arrange for publicity, invite service clubs to hold a luncheon meeting at the hospital, and get them to study the needs of the locality and ways and means to meet them. It is not always the fault of the community if its members show no interest in the hospital. They do not know our difficulties, our practical problems, or facts concerning our costs of maintenance. It is good business to keep them informed.

The Coast Indians of British Columbia

NORA KNIPE

Two days journey from Vancouver, up the inside passage of the North Coast, lying at the end of a long channel, is the village of Bella Coola. Here I spent a year and a half doing staff duty in the Hospital. While there I was very interested in the Indian tribe, known as the Bella Coolas. It is of this tribe and the Tshimshean tribe further north, at Port Simpson, that I would like to give a few impressions. My observations are of necessity confined to these two tribes; however, they form a fairly indicative and representative cross section of the Indian tribes of the north coast of British Columbia and the Alaska Coast.

The Bella Coolas, are said, by authorities, to have no tradition of their migration. However, there are many interesting tribal legends, to account for their present home. One of the most interesting, to my mind, is the legend they have in connection with the highest mountain in the Bella Coola Valley. It resembles the story of Noah and the Ark, but there is no Ark. They tell of a terrible flood which washed everything away, and of how they fled before it. Many of them were drowned, but the most hardy survived and eventually came in sight of this huge mountain, called Mount Noosatsum. They climbed to the top of it, and after many weeks, the flood subsided. When everything was normal, they saw, spread out at their feet, the Bella Coola Valley. This name, by the way, is not Indian, as one might suppose, but Spanish, and means "Beautiful Valley." It is the only valley on the mainland which is habitable, from the end of Vancouver Island up to many miles north of Prince Rupert. For this reason the Indians believe that the Thunder God led them to this particular mountain, and whenever there is a storm they are particularly afraid lest it should thunder and lightning. This, to them, means that the gods are displeased with the tribe.

If one had a superstitious mind, it would be very easy to believe that there was something to all these weird beliefs. One night after a home brew party, one of the local Indian celebrities died suddenly, his body disappeared for a week, and was found on the night of a terrific thunder storm, which was the worst that had occurred for ten years.

Bella Coola Indians earn a good living by fishing in the summer, and trapping during the winter. Their village site is temporarily abandoned during the summer, and the whole population, except those who are too old to move, transfer their domicile down to the inlet where the fishing is, and where the cannery is in operation. If, for any reason, a man is unable to fish, he works in the cannery. All the women who are able are employed all summer long in some capacity or other in the cannery.

During the summer the Stick Indians from the interior, around the Williams Lake area and from there out to the coast, make an annual visit to the Bella Coola townsite. Their visit is always regarded with misgivings by the authorities, because invariably they bring some contagious disease with them. The summer that I was there they very kindly presented us with measles, and although they arrived in May, we still had the odd case of measles at Christmas. The reason for

the presence of disease may be accounted for by the fact that their visit to the Coast immediately follows the period of time known as "priest time", when they follow the priest around on his annual visitation to the tribes of the district. The feeling between these interior people and the Coast people is very unfriendly. For instance, in the Hospital, if the mistake were ever made of putting a Bella Coola Indian in the same room as a Stick Indian, the Stick Indian would, if at all able, walk out of the room very indignant or, if too ill, would throw things both verbally and materially, at the other patient. This is amusing, because it is generally conceded that the Bella Coola is much the superior type of being.

The Indian women have gradually become educated to come to the Hospital for their confinements, and this has cut down the maternal and infant death rate to a very great extent. This took many years, but the government now discourages hospital confinements and will pay the doctor more for attending a home confinement than for his services at a hospital confinement.

His first bath.

This has been unfortunate, because when a wife or mother came to the Hospital and found everything satisfactory, she was not nearly as loath to have some of her family or friends cared for in the Hospital afterwards. It is also unfortunate in that the doctor is not called to a home confinement unless something goes wrong, or the native women decide that it is beyond their powers.

There are many erroneous impressions abroad regarding the way in which these confinements are carried out. True it is that they believe in leaving everything to nature, but if nature fails them, they are quick to recognize the fact, and send for skilled aid, and rarely are they too late in doing so. One case which I went to with the doctor, was that of a retained placenta. The baby had been born several hours earlier, the grandmother was worried, but the patient was very positive about the fact that there was absolutely no need to worry about her, that it was quite usual, and that in a few more hours the placenta would come away quite normally. The doctor tried to persuade her to come to the Hospital, but she was very firm in her refusal, saying that there was nothing wrong with her, and that if she came to Hospital we would keep her there for two weeks at least, and there was no need for this. Incidentally, the grandmother, who had officiated at the confinement, cut the cord with a very rusty pair of scissors, and tied it with a piece of string which she removed from a salmon of uncertain age which was being smoked over the family stove. The mother had an uneventful recovery and the baby thrived on this treatment, and is now one of the prize children of the community.

The attitude of the Indians toward their children is somewhat similar to that of the Japanese — they will go to any lengths to clothe them in the latest mode, and will take steps to have defects corrected if they are pointed out. Cod liver oil is given to the children in the Bella Coola school daily by the teacher, each child has his or her own spoon, and the oil is given immediately after lunch. The spoons are sterilized in a saucepan on the stove, dried, and kept in individual envelopes in the children's desks. They are very fond of cod liver oil, and will drink huge gulps from the bottle at home, if not watched. It is a privilege to them, rather than a duty, to take it. The oil which they obtain by processing the eulichan, which is a fish peculiar to Bella Coola River and the Naas River, is high in vitamin content, and very cheap, and is used to a large extent by every family. In fact, in the Hospital, we found that the patients would leave bread with butter, without touching it, but if we spread it with eulichan grease, they called for more.

The Indians drink a large quantity of milk, and most of the families among the Bella Coolas have their own cows. Although there is a general migration every summer, they return each week-end, to look after their gardens. They grow all the common vegetables and flowers, and many of them have fine orchards. This was the case four years ago, but in the fall of 1936 the river flooded, and cut into the land so much that they were forced to leave the site of their village and move across the river. They have built a very fine new village, with well laid-out streets. Many of the houses are built following plans of the white people, and the village is really a credit to them.

I have heard it said many times that the Indians are shiftless, and lazy. I have not found this to be the case. For instance, in Bella Coola, the water works which supplies the whole community, was planned and installed by the Indians, and while we had no sidewalks on the " white" side of town, the Indians had plank sidewalks, which were always kept in a state of repair. They also built their own church, and have a very fine community hall. The store which was owned by one of the Indians was more up-to-date than any of the three stores on the white side, and all one had to do was request a certain article and it would be forthcoming the next time the boat came in.

Cod liver oil!

Intermarriage with any one of another tribe is a matter of great importance and takes months of deliberation; consequently there is not a great deal of it. The neighboring tribes speak their own dialect, and it is amazing and often puzzling to understand why men who come within eighty miles of each other should not be able to understand one another when speaking their native tongue. Now the younger members all speak English, and the older members

can converse in Chinook. Marriage of a Bella Coola Indian and a white person leads to banishment of the Indian from the tribe, and he is ostracized by his fellows.

A good many of the children attend one or other of the residential schools which are carried on for them. They profit by what they learn at these schools, and come back to their villages and put their knowledge to practical use. The health of the children while in these schools, is a subject which receives much thought. Treatment and supervision, both medical and dental, are provided, and the schools are frequently inspected by officials of the Indian Department. Great efforts are made to keep these children tuberculosis free, but it is well known that the mortality rate for tuberculosis is conspicuously high. Children who have been known to be examined in the late summer and certified as fit to attend school, have been sent home before Christmas, with tuberculosis, active in some form or other. They seem to have the tendency to this disease from birth, and although much has been done to improve their living conditions, and they are much better informed on the subject than they used to be, still the high death rate from tuberculosis persists.

The Tshimsheans occupy the valleys of the Naas and Skeena Rivers. They were the wealthiest of all the Coast tribes, due to their geographical position, which gave them command of the richest fisheries on the coast, combined with access to the mountains, where hunting added to their resources. Special skill in trade gave them the position of "middleman" of a large intertribal district. Described as intelligent, muscular, and able-bodied, they appear to be a grave people, keen bargainers, very witty and full of humour, but never realizing that they are funny. Self composed and enduring, they are pitiful to the poor and hungry.

Their tribal language does not resemble that of any other tribe either in Alaska or Canada, but is somewhat similar to that spoken in California, and this has suggested that they may have returned north from the United States after first pushing their way south, or that they may have lingered behind when their kinsmen had pressed forward. The set of legends told by the Tshimsheans is entirely different from that of the Bella Coolas. One of their most popular is that when they first inhabited the area around Port Simpson, they were divided into groups, each governed by a different animal or bird. These groups still exist, and consequently they have several groups within the one clan. There are the Bears, the Eagles, the Snakes, etc. Each group had a princess. The only one who is now living is a very remarkable old lady, who is so respected that she is consulted before anything is done. If she approves, everything goes on, if she does not like the arrangements, all plans are dropped.

Port Simpson was one of the earliest points to receive Christianity, and the influence is shown by the names of the families. There is John Wesley, Charles Wesley, Martin Luther, and so on. These people are perhaps more in need of a social service worker than many of the people who are now being served, but there is one department of social service that is so highly and efficiently organized that they need no suggestions. Namely, if a girl has an illegitimate child, and the father shows no inclination, or is not able to marry her, the girl's parents, or next of kin, adopt the child as their own, and in

later years, to all intents and purposes, the son or daughter may be regarded as a brother or sister of their own mother. If, in time, the girl marries, not necessarily the father of her child, the child does not go to her, but is kept by her parents.

No child or adult is allowed to want, and their generosity is not confined to Christmas, but is present all the year round. I have seen them gather in as much as $600. for some special piece of work which they are doing. This has been done in a few moments. One of their notable points is their ability to think of a plan and execute it at the last moment with very little effort on the part of anyone. One of their favourite forms of amusement is the holding of auction sales, which are arranged about six o'clock in the evening. The doorbell rings, and two of the village stalwarts appear at the door with a clothes basket brimming over with all manner of queer articles, you are informed that there is an auction sale at seven-thirty, and have you anything which you wish to get rid of? A tremendous amount of money is raised in this way, and the most useless things will be sold for fabulous sums.

Some years ago, there was supposed to be an epidemic of typhoid fever amongst the people, and five died. Knowing the highly infectious properties of the disease, the local rulers prohibited the burial of the bodies in the village burial ground. There was no other place available except an old cave which was on an island at the entrance to the harbour, about three miles from the shore. The bodies were transported out there, with all the wordly goods which the victims had possessed, among which were some very rich velvets and Hudson Bay blankets. These were left with the coffins, and remained there out of sight and mind until a few years ago when they were rediscovered. The wood of the coffins has worn away, but curiously enough, two of the bodies were preserved very well, also some of the velvet and the blankets, but when the material was touched, it crumbled to dust. No explanation has been offered for this unusual cave and its rather weird contents, but theory has it that there is a chemical preservative in the water dripping in the cave.

Unlike the Bella Coolas, marriage with the white race is fairly common among the Tshimsheans, and there is no stigma attached to it. Unfortunately, the Indian picks out all our worst characteristics, and none of our good ones, adds his own worst ones, and forgets his good points, and the result is terrific. When a white man marries an Indian girl, she automatically becomes a white woman, and has a vote. This will, as you can see, lead to all sorts of possibilities. White men married to Indian women are not allowed to live on the reserve, but should a white woman marry an Indian, she goes to live on the reserve and forfeits her "white" rights.

Points in common with all Indians are their artistic sense, even though it displays itself in weird forms at times — the Bella Coolas are noted for their masks, the Tshimsheans for their basketry, and the Queen Charlotte Indians for their slate carving. This latter is really beautiful, and sells for a very high price, as the slate is now becoming rare. The Coast Indians are a very affectionate people, grateful for all that is done for them, and they have a very strong sense of family responsibility. They never allow any of their members to go hungry, or without a job, if it

is within their power to provide for them. On the other hand, they are all very childish, they will change their story half a dozen times, which is disconcerting for most people, especially the anthropologist, who probably makes a visit to the village about once a year, and finds he is told a different story about the same object each time he goes. It is rather a well known fact that one does not trust an Indian too far, but they also are known to be most obliging, and to go out of their way to do kindnesses.

All in all, they are human beings, and I often think when I hear people calling them " siwashes" just how much knowledge they lack of the Indians. Calling him a "siwash" is akin to calling an Italian a "dago," it is a term of contempt, and is bitterly resented by the Indians. They have good and bad amongst them, as have all races, but they have a very definite culture, and it is a culture which they need not be ashamed to pass down to succeeding generations. After all, for a very meagre concession, namely fishing and trapping rights, and free medical service, we have walked in and taken the country from people who were far smaller in numbers and less equipped to fight. They migrated here many years before our ancestors did, and they deserve fair play and a right to live.

Neurosurgical Nursing Care

E. H. Botterell, M.D.

In case of cranio-cerebral lesions the nurse has an unexcelled opportunity to make significant observations of a general nature; the degree of orientation as to time and place of the patient; estimation of the power of speech, of personal cleanliness and of the usefulness of the arms and legs. All these are points of great diagnostic value. In any patient suspected of an intracranial lesion the level of consciousness, temperature, pulse rate and respiratory rate must be regularly observed and charted.

The patient may suffer epileptic fits. In its essence, a fit results from a sudden abnormal discharge of activity from a part or all of the brain. This activity may be due to a tumour, a scar from an old head injury or other causes. As various special functions are served by various parts of the brain, it follows that the first sign of a fit often will indicate the site of the pathological process initiating the fit. Thus the first event may be deviation of the head and eyes, twitching of one hand or foot or side of the face, a feeling of "pins and needles" or tingling in one part of the body and so on. There is no time for a doctor to arrive and, if the nurse on the spot cannot give a written report of the onset and sequence of events involved in the fit, the golden opportunity is missed. Patients rarely indeed die from a fit. During the initial stages of rigidity and convulsive movements the patient must be protected from self injury. In the later stage of deep unconsciousness which may occur, it is

important to obtain unobstructed respirations by supporting the chin or turning the patient on the side. No comment has been made regarding the advisability of inserting a cork, block of wood or spoon between the teeth in order to prevent the tongue being bitten. The writer regards this procedure with the utmost, disfavour, for the observation of the fit becomes impossible. Teeth may be broken and the wedge is rarely in place in time to prevent a relatively uncommon and insignificant incident.

Pre-operative preparation: In the majority of cases both local and inhalation anaesthesia is used for intracranial operations. Pre-operative preparation consists of an enema the evening prior to operation, if ordered. In certain cases of greatly elevated intracranial pressure enemata are dangerous as sudden straining may injure the respiratory centre and result in acute respiratory failure. In every case an enema should be slowly and carefully administered. Both the night before operation and the morning of operation sedatives are ordered sparingly. Morphine may produce the most harmful effects on vital centres already in distress because of increased intracranial pressure. Pre-operatively in one such patient, drowsy, with slowed pulse and respirations, I have seen a quarter of a grain of morphine bring the respiratory rate down to 8 per minute and the patient made unconscious. The respiratory centre is particularly sensitive to morphine and such a reaction makes the patient a bad operative risk. The patient must leave for the operating room in good time, as the scalp is shaved immediately before the operation.

Post-operative care: Following a general anaesthetic the patient returns to the ward unconscious but is lightly anaesthetized and should rapidly regain consciousness. Nursing is best carried out with the patient on his side with the head so arranged on a pillow that the mouth is directed toward the mattress. This serves two important functions. First, the tongue falls forward and cannot obstruct the airway. An obstructed airway results in a congested brain and promotes intracranial bleeding. Second, the saliva and postnasal secretions run out of the dependent corner of the mouth and are not inhaled. Free easy respirations are a first consideration in all unconscious or semi-conscious patients. It may be necessary to hold up the jaw or to use a rubber airway.

The signs of returning consciousness such as vomiting, vocalizing, and movement of the arms and legs must be closely observed. Having reached a restless semi-conscious level, should such a patient then gradually become more and more deeply unconscious, it is a matter for alarm. It suggests some complication causing increasing intracranial haemorrhage or oedema of the brain. For the same reasons, pulse and respirations must be recorded at half hourly intervals on an appropriate chart. Rectal temperatures must be recorded every two hours and if over 102.5 degrees Fahrenheit, every hour. This routine is necessary for 24 to 48 hours, depending on the individual case. During the first night and possibly the second, one must be sure that the patient is sleeping and has not become unconscious. If the breathing is not regular and quiet the patient must be roused at regular intervals and the character of the responses noted. Nothing should be given by mouth until it is certain first, that consciousness is fully regained, and second, that swallowing is possible. After certain operations, particularly those in the posterior fossa,

the ability to swallow is seriously disturbed. Under such circumstances the patient, when first allowed fluids by mouth, must be made to swallow uphill, that is lying flat on the back without a pillow and with the foot of the bed elevated 18 to 24 inches. In this position it is practically impossible for a significant quantity of fluid to be inhaled.

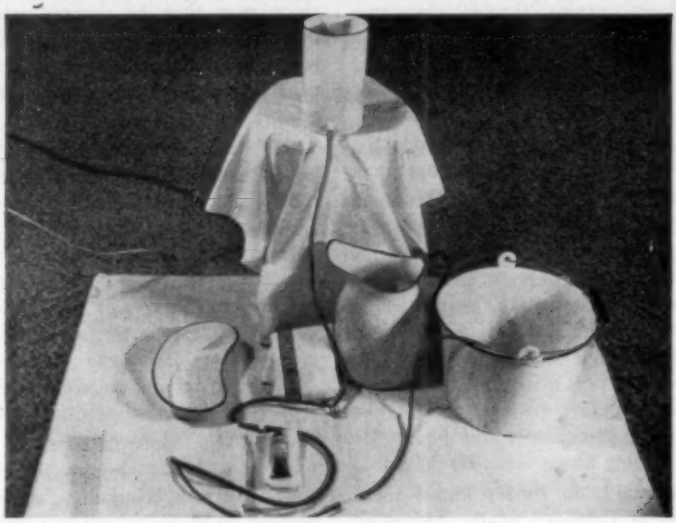
Oedema of the brain: This condition may develop post-operatively and be sufficiently extensive and severe to require special measures to control it. Two measures are commonly used in treating cerebral oedema. Both these enhance the transfer of the excess of fluids in brain tissue to circulating blood. The fluid is then eliminated from the body in the form of watery stools or urine. Magnesium sulphate may be administered per rectum. The bowel in post-operative patients is usually empty and generally no preparatory enema is necessary. Using a well lubricated No. 22 F. catheter and a funnel, about four ounces of a saturated solution of magnesium sulphate (50%) is slowly run into the rectum. The patient should be lying on his side during this procedure, with the legs flexed. The slow development and rather prolonged beneficial effects from magnesium sulphate per rectum are accompanied by some disadvantages. In semi-conscious patients copious involuntary watery bowel movements accrue. In conscious patients, burning pain referred to perineum and rectum not infrequently accompany the instillation of the magnesium sulphate. After the desired effects (watery stools) have been achieved, the injection of two to four ounces of warm olive oil into the rectum helps minimize discomfort. Intravenous injection of hypertonic solutions such as 50% glucose or sucrose, may be used intravenously. At the surgeon's discretion, such solutions are commonly given in 50-100 cc. injections at from two to four hourly intervals. One or two 50 cc. syringes may be used with an adaptor and a No. 17 Stubs gauge needle. A three-way adaptor between syringe and needle with a rubber tube leading to the ampoule of sucrose facilitates the use of a smaller syringe.

Bladder: The care of the bladder is as in any post-operative surgical case. In a semi-conscious patient an over-distended bladder may account for a great deal of restlessness and catheterization at regular intervals may be necessary.

Bowel: Straining at stool following an intracranical operation is definitely harmful. Just as the face becomes flushed and red under such circumstances, so does the brain become congested and the risk of haemorrhage increases. The necessity of a bowel movement may be disregarded for three to four days following operation. Judicious use of liquid paraffin is to be preferred to violent cathartics or enemata and the latter should only be used when specifically ordered.

Sedatives: Pain is not a feature following an intracranial operation and is less severe than that following an abdominal incision. Aspirin and codeine by mouth are adequate to control pain and morphine is usually contra-indicated. Following an injection of morphine the patient becomes drowsy and unresponsive to even painful stimuli that the level of consciousness cannot be gauged and pulse and respirations are slowed. These changes so obscure the patient's normal reactions that the development of a post-operative haemorrhage might occur without arousing suspicion until the patient is near death.

Hyperthermia: Occasionally within a few hours of an intracranial operation,



Equipment for iced colonic irrigation

an excessive and dangerous rise in temperature occurs, the fever reaching from 105 to 108 degrees. This is not due to infection but is a disturbance of the body temperature regulating mechanism centred in the brain. Usually this heat-regulating mechanism rapidly recovers its function if the patient can be tided over the crisis. A fever of 103.5 degrees Fahrenheit or over is a matter for alarm and requires immediate treatment:

1. A sheet and nightgown are all the coverings required and a pneumonia jacket may be dispensed with.

2. Repeated iced alcohol sponges with half the patient exposed, and copious applications of fluid with a good sized towel may suffice to control the temperature. The fluid is allowed to evaporate, thus producing considerable heat loss. The patient should not be dried.

3. If the fever cannot be kept below 105 degrees using the above means, iced colonic irrigations must be instituted. From 2 to 3 gallons of ice cold water are used at each treatment. This may be repeated as often as necessary. The ice water enters through a high rectal tube and escapes by way of a lower catheter into a pail by the bedside. The ice water irrigation is continued until the temperature is below 101° F. Just when the temperature has been lowered sufficiently is sometimes not easy to decide. Rectal temperatures are worthless. These patients are almost always unconscious and oral temperatures cannot be obtained. Recording of the temperature by axilla and actually feeling the skin become cool are the two most useful ways to gauge the amount of colonic irrigation necessary and its success. A rigor is very unusual if reasonable care is shown and excessive irrigation avoided.

4. Aspirin grains 20 to 40 every two hours is also of great value and if the patient is unconscious must be given by means of a stomach tube.

Sutures are removed between the second and the seventh post-operative day and it is unusual for the dressing to be disturbed before this time. The incision may then be covered with two thicknesses of gauze, half an inch in width, soaked in collodion, and the patient provided with an operating room cap or beret to wear.

The care necessary during convalescence is an individual problem in each case.

(*To be continued*)

The Deaf are Calling

HELEN M. MCMURRICH

How much do nurses know about the deaf in Canada? Many interesting facts may be gleaned from "The Problem of the Deaf", a free pamphlet issued by the University of Toronto Press. This pamphlet deals with the deaf child and the deaf adult in Canada; the deafened child in Ontario; and the deafened adult in Canada. As the distinction between "deaf" and "deafened" is frequently not understood by the general reader, it seems advisable to quote from an authoritative source. In "The Volta Review", Dr. Gordon Berry of Boston says: "Deafness is relative and there is no sharp transition from the 'hard-of-hearing' to the 'deaf'. Most of all our so-called 'deaf' children have some varying amount of hearing".

Only two classifications are to be used in this article, namely: the deaf, and the deafened or hard-of-hearing. The deaf are taught speech and lip-reading; the deafened, or hard-of-hearing, are taught lip-reading. The term "deaf and dumb" is seldom used, because (with the exception of a very small percentage) these people are only dumb because they cannot hear. Wonderful work is being done on residual hearing by means of group hearing-aids for children formerly thought to be totally deaf.

The deaf child may be placed in any one of the seven residential schools across Canada. There are also oral schools in Toronto and in Ottawa. For the deafened child in Ontario, exclusive of Toronto, there are four itinerant teachers of lip-reading. In Toronto, 151 were cared for in 1939. The deaf adults have three separate associations across Canada, and a club in Victoria, British Columbia. The National Fraternal Society of the Deaf is an insurance organization for the deaf of the United States and Canada, and has seven divisions in Canada. For the help of the deafened or hard-of-hearing adult, we have the Canadian Federation of Lip-Reading Organizations with constituent clubs in nine or more cities.

The National Society of the Deaf and the Hard-of-Hearing has recently been formed for the benefit of both deaf and hard-of-hearing adults. This Society was organized so that an effective nation-wide campaign might be car-

ried on among physicians, educators, and social workers on behalf of this neglected and misunderstood problem. Among other objectives, the Society aims to adopt every possible means to stimulate scientific effort in prevention of deafness and conservation of hearing; to extend the knowledge and use of lip-reading, manual language and approved mechanical aids to hearing; to print and distribute pamphlets and periodicals useful to the deaf and the hard-of-hearing; to give advice, counsel and assistance of every kind; and to promote higher education, employment, and social well-being among both adults and children whose hearing is impaired.

The Society conducts an employment bureau whereby the deaf and the hard-of-hearing may be placed in work which they are capable of doing. There is also a consultation clinic under the supervision of a medical director where examinations may be made and the patient referred for treatment to an ear specialist or hospital clinic. Accurate information may be obtained as to the type of hearing aid best suited for the particular type or degree of hearing loss. The Society also maintains a service which supplies reliable information regarding lip-reading, social groups for the deaf, hearing aids, and places where suitable treatment may be obtained.

Now a word about the University of Toronto Extension work. We have evening tutorial classes in lip-reading which were established six years ago. These are open to everybody, graduates or otherwise, with no age limit. Beginners receive forty lessons covering a period of twenty weeks for five dollars. Seniors receive twenty lessons for five dollars.

At the present time, no hard-of-hearing nurse who is a public school teacher and a teacher of lip-reading is allowed to teach deaf children, *nor can she even qualify to teach hard-of-hearing children.* I hope this ruling will be changed for, to my mind, a hard-of-hearing teacher, especially if she is a nurse, has a more sympathetic understanding of hard-of-hearing children than one with normal hearing. As the situation now stands, a hard-of-hearing teacher with these qualifications can only teach adults, since they are outside the ruling of the Ontario Department of Education. However, the time is coming when the teaching of lip-reading will be much more extensive amongst adults than it is at present, and many more teachers will be required.

For educational purposes, audiometer testing of the hearing in public school children has already begun in some cities, and in 1938 the results were everywhere the same — about ten percent of all those tested showed some hearing loss. This does not mean that they were deaf, but it does mean that out of 500,000 school children in Ontario 50,000 would not have normal hearing. The same results have been revealed in the testing of adults. Toronto, with a population of about 650,000, may have 50,000 persons with hearing that is not perfect.

Now I shall try to answer some pertinent questions which have been put to me by nurses:

Should a hard-of-hearing nurse give up her profession? She must decide that for herself, but she must think of her patient's reactions as well as of her own. Should she study lip-reading? By all means. It is a great help.

How long does it take to become a lip-reader? No teacher can answer that question. If lip-reading is a talent it is learned very quickly. But, as a rule, it entails earnest application and perseverance. Some take forty lessons, some

eighty, others one or two hundred, and some keep coming back year after year. But it is a language that is well worthwhile. Somehow or other it gives us courage to carry on and to help others who are more deaf than we are. It certainly gives us a brighter outlook on life.

Could a hard-of-hearing nurse continue nursing after having studied lip-reading? Possibly, but we must remember that to read the lips we must *see* the person. However, I have taught two young nurses who have made good in spite of their handicap.

Do you recommend a hearing-aid and, if so, what make? Consult your doctor. In many instances a hearing-aid is most advisable. Instruments advertised in "The Volta Review", "The Hearing Eye", and "The Listening Post" are reliable. Some nurses have used a hearing-aid while nursing, but eventually have given up nursing. However, they are continuing to use their hearing-aid.

If a hard-of-hearing nurse asked you for suggestions, what would you say? If possible, I should ask her to come and talk matters over with me. If correspondence were necessary, I should try to recall the occupations of some pupils I have had. Here are a few of them: hourly nursing, giving colonic irrigations, massage, physiotherapy, occupational therapy, physical culture, supervision of playgrounds, teaching of art, expert accountancy, typing, proof-reading, lecturing and writing, making delicatessen foods, making novelty articles, dressmaking, keeping bees and chickens, berry picking, housekeeping, and working in an aeroplane factory. All of these occupations are satisfying and may be remunerative.

Are you a nurse with impaired hearing? Are you a university graduate? Are you trying to earn your living? If so, I should strongly recommend your taking lip-reading lessons, then following this up by taking a normal course and learning all you can about audiometer testing. It takes years to work up a practice in lip-reading; but when audiometer testing of all students at universities is established — and it is coming — the situation will be different, so it is well to be prepared. In the meantime, there is no reason why tutorial classes should not be developed in University Extension work, provided the teachers are university graduates and are fully qualified teachers of lip-reading.

Since the formation of the National Society of the deaf and the hard-of-hearing, encouraging results have been obtained. Two hundred and fifty individuals, handicapped in some degree by deafness, have registered with the Society. Thirty-six of these registrants have been referred to the medical consultant and have been given accurate information as to the type of hearing aid best suited to their degree of loss and type of deafness. One hundred and six registrants have found work.

At present I am teaching two young men, one of whom is deaf owing to an attack of infantile paralysis, and the other as the result of influenza. Neither has any hearing whatever. But, with the courage of youth, they are both forging ahead and promise to become excellent lip-readers. One of them works at his job for eight hours every day and yet manages to come for his lessons two or three times a week. Is it any wonder that we who are working with the deaf ask you to listen to their call?

Purpose and Policy

MARION LINDEBURGH, M. A.

The nursing profession should decide its own educational objectives, and likewise should be in a position to control the policy of administration by which these objectives can be accomplished. While aims of nursing education are clearly stated in recent school of nursing curricula, the administration of schools by hospital organizations, for the purpose of supplying a nursing service, inevitably interferes with the efficient administration of the educational programme of the school. Many of the difficulties could be lessened and better co-operation secured if there were a common understanding between the principal of the school and the hospital administration, as to the purpose and policies of the school.

This mutual interest and understanding is demonstrated in the recent publication, "Fundamentals of Administration for Schools of Nursing." It represents an intensive study, achieved through research methods, by a committee composed largely of school of nursing and hospital administrators, with the aid of specialists in the field of educational administration. The study was conducted under the able chairmanship of Effie J. Taylor, Dean, Yale University School of Nursing. Outstanding members associated with her on the committee were Elizabeth C. Burgess, professor of nursing education, Teachers College, Columbia University; Mary M. Roberts, editor, American Journal of Nursing; Isabel M. Stewart, director, Division of Nursing Education, Teachers College, Columbia University; Nellie K. Hawkinson, president, National League of Nursing Education, and other well known nursing leaders. Representatives on the committee from the medical profession, and hospital field included Dr. Malcolm T. MacEachern, associate director, American College of Surgeons; Dr. Reginald M. Atwater, executive secretary, American Public Health Association, and others. The personnel of the committee is in itself a guarantee of the quality of the reflective thinking and sound judgment which underlies the thorough analysis upon which the "Fundamentals of Administration for Schools of Nursing" are based.

The book is not of the type that can be read in any casual manner. It demands close attention and concentration. For the administrator who thinks in terms of techniques and expediency rather than fundamental principles, and who is not schooled in the field of educational administration, this book may not fulfil its purpose, but it should serve as an excellent guide in postgraduate nursing education, for advanced students in the fields of administration, and for heads of schools whose preparation in educational theory and practice enable them to interpret its content and to apply its principles as far as circumstances will permit. In the preface Miss Taylor states:

> It is not to be expected that the conception of administration developed from the study will be accepted in its entirety by all students of administration, but differences of opinion are valuable in stimulating thought. It is, therefore, the hope of the Committee that by centering attention on the fundamental aspects of administrative procedure, some help may be afforded those who seek to improve the general status of the schools of nursing within the institution with which they are affiliated, or of which they form an integral part.

The terminology throughout the book is characteristic of that used by progressive educationists. Many readers may feel the need of interpretation; for instance, one must understand what is meant by the "functional approach" for it determines the purpose and nature of the complete study. In the introduction is found this significant statement: "The functional interpretation of administration, which is the unique contribution of this study, has been derived objectively."

The book consists of three parts. The aim of Part One is to define "a functional concept of the school of nursing". Under this caption the nature, purpose, personnel, facilities and control of a professional school of nursing are discussed.

The reader comes upon many pertinent statements which may be separated from the context without interfering with their significance. The following paragraph, in connection with the purpose of the school, is an excellent statement which reconciles the functional aims of the school and the hospital:

> From the point of view of the administration of the school, the contribution to the nursing care of patients which results from the practice of students should be regarded as incidental to the educational purpose of the experience. If the integrity of the school is to be preserved, students cannot be regarded as qualified nurses. However, in order to safeguard the interests of the patients, and for educational purposes also, the student must have the point of view of one giving service. Proper recognition of both the objectives of the school, and the objectives of the nursing service are, therefore, essential to the educative quality of the practice of students.

Another statement under the same heading is:

> The aim of the school of nursing is to select well qualified applicants and help them to develop into capable, conscientious nurses, ready to give their best service to society and at the same time secure the greatest amount of happiness and satisfaction for themselves; the aim is to give the student, by a carefully arranged programme of correlated theory and practice, an understanding of the principles of the art of nursing, and such experience as will enable her at the completion of her course to give skillful care of the sick, and to function in social health programmes.

Under the heading, "Essential Personnel", are the following words:

> Teachers in schools of nursing should be as well qualified to teach as teachers in other professional schools, and persons who are responsible for the administration of the teaching programme and of other essential activities of the school, should be as well qualified in administration as those who are responsible for administration in other professional schools . . . it is unreasonable to assume that a school of nursing can be staffed by people who have been trained only to nurse.

Under the title, "Control", there are many important statements which should not be overlooked. Among these are:

> In proportion as the superintendent is able and conscientious, imbued with the rights of both patients and students, her difficulties and the conflict in her duties increase. . . . Members of the profession of nursing are the only persons qualified to define nursing. . . . It seems perfectly clear that the (school of nursing) committee can be justified only for the purpose which was indicated by Miss Nutting, namely, to offset biased control, for if the purpose of the schools is incompatible with the purpose of the hospitals, the autonomy of the school is in jeopardy.

Part Two of the Study is entitled

"Administration in the School of Nursing". It deals with the application of the fundamental principles to the function of administration in the curriculum, in teaching, in personnel selection, and in various other essential activities of the school. The discussion of these activities is arranged under similar subheadings and in the same sequence. This logical order facilitates a systematic study of Part Two. Throughout this section of the book the reader is impressed by the comprehensiveness and applicability of statements made. The following can be identified very easily with essential administrative functions of the school of nursing:

Democratic administrative control is directive, co-operative, and experimental.

When members of any group . . . come to a meeting with minds already made up on the proposal to be discussed, it is difficult for them to achieve any satisfactory degree of integration through discussion.

Co-action is better than coercion, for promoting good human relationships. All persons who are to be affected by a policy should participate in making it.

Administrative planning is administrative thinking.

There is no place in the school of nursing . . . for autocratic administrative action as a general practice, although in emergency situations the firm exercise of authority-over may be a necessary procedure.

Learning situations should be arranged in the curriculum so that knowledge and skills are not acquired in isolation, but in integration with the other experiences in which they need to be applied. It is a mistake to assume that skills and content learned in isolation will be properly related in subsequent situations.

If a teacher is to assume responsibility for curriculum improvement, she cannot carry the full teaching load.

Nursing is in some danger at the present time of over-emphasizing the value of academic degrees without studying with discernment the programmes which eventuated in the degrees and the personal qualities upon which the education impinges.

One thing which cannot be overstressed is that the qualified teacher of nursing is first a qualified nurse, but the qualified nurse is not necessarily a qualified teacher of nursing . . . Perhaps the greatest weakness in the qualifications of teaching personnel in schools of nursing is the result of working on the tacit assumption that when a nurse is qualified to nurse she is qualified to teach nursing.

The status of the head nurse requires special consideration. Participation of head nurses in the clinical instruction of student nurses is of fundamental importance.

Supervisors who are responsible for the quality of the teaching in their respective clinical divisions . . . should be qualified both as teachers and nurses. They should be as well qualified to teach nursing as those who teach the basic sciences are qualified.

Time allotted for teaching should include time for planning as well as for actual work with students in classroom, laboratory and clinical situations.

Control is democratic or autocratic, depending upon the extent to which it provides for the participation of teachers in the formation of policies affecting teaching.

Morale in a school of nursing comes from an understanding on the part of the members of the personnel of the fundamental principles of nursing education and of the policies of the particular school.

Schools of nursing, no less than other schools, need teachers and officers who are living well-rounded and rich lives; who read, travel, and study; who indulge their aesthetic tastes; who mingle socially with other people in the community; who are ambitious, energetic and enthusiastic, about their work.

There should be mutual understanding among the personnel of the school . . . for the preparation of students for the tasks to which they are assigned in the clinical nursing service and, secondly, for the assigning of students to these tasks.

Economy demands as much simplification

of materials used as is practicable. Simplification is accomplished by the reduction of brands, qualities, sizes, and designs of materials used.

An understanding of the essential activities of the school is fundamental to a separation of the costs of the school from the costs of the nursing service.

Schools of nursing should be maintained — not for the sake of hospitals, not for the sake of the nursing profession or students of nursing, nor any other limited group, — but for the present and future welfare of society as a whole.

All financial support which the school receives from the hospital for the nursing service of students must be considered in the light of income from students . . . If the amount the student is contributing is equivalent to the cost of the service she is receiving, the school cannot increase its income from students without exploiting them . . . the hospital can exploit the school as a division, but only the school can exploit students.

The small school operates at a great disadvantage from the point of view of administrative efficiency. An officer who assumes the responsibility for functioning in so many areas must have in her wardrobe, figuratively speaking, that same number of cloaks of authority, and she must be a quick change artist, for she should wear only one at a time.

Part Three consists of a summary and a general appraisal of the three types of schools, namely, the hospital school, the university school, and the independent school. It might be well for purposes of study to review Part Three first, in order to recognize certain basic distinctions in their administrative policies and control. The reader would then be in a better position to associate the fundamental principles discussed in Parts One and Two with an actual situation. The discussion of the types of schools is dealt with under two main headings: "Favourable Factors," and "Unfavourable Factors." As the largest number of schools are administered by hospitals, one's attention is particularly focused on the points made in connection with the hospital school. They are specific and inclusive and would serve not only as excellent suggestions for a staff education programme, but also as a means whereby the school of nursing and hospital administrator might confer together.

The nursing profession should be most grateful to members of the Committee who have undertaken and made available this publication. No better statement could be made than that which concludes the book:

It is hoped that those who are responsible for the administration of schools will grow in knowledge of what constitutes sound administrative control, so that both the broad evolution of the administration of nursing education and changes in individual schools will move toward the achievement of administrative control of the school as a responsible entity.

A carefully selected bibliography is included.

Fundamentals of Administration for Schools of Nursing: A Report of the Committee to Study Administration in Schools of Nursing. Published by the National League of Nursing Education, 1790 Broadway, New York. In charge of study: Roy W. Bixler, Ed. D., Specialist in Educational Administration; Associate in Study and secretary to the Committee: Elizabeth Pierce, R.N.; Consultant in Administration of Higher Education: Floyd B. O'Rear, Ph. D., Professor of Education, Teachers College, Columbia University; Special Consultant to the Committee: Helen E. Davis, Ph. D. Specialist in Social Research. 270 pages, including index. Copies of this book may be obtained from the National League of Nursing Education, 1790 Broadway, New York. Price in the United States, $2.50.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Meeting

A meeting of the Executive Committee of the Canadian Nurses Association was held in Vancouver on February 22, 1941. Those present were, the president, Miss G. M. Fairley; the first vice-president, Miss E. L. Smellie; Miss Margaret Kerr, chairman, Public Health Section; Miss Rae Chittick, president, Alberta Association of Registered Nurses; Miss Ann Morton, president, Saskatchewan Registered Nurses Association; Misses Cavers, Duffield, Innes and Mrs. Hansom and the honourary secretary, Miss Kathleen Sanderson.

Standing Committees

Consideration of the report from the *Committee on Nursing Education* resulted in the adoption of two resolutions (1) that the sub-committee on schools of nursing records be empowered to proceed with the formulation of record forms, and that the policy of the National Association be the preparation and publication of record forms as recommended by the sub-committee on records, and that this be financed by the Canadian Nurses Association; (2) that the Committee on Nursing Education be asked to set up a small committee to review the St. John Ambulance Home Nursing Manual with a view to making specific suggestions to the Association, and further, that Miss Rae Chittick and Miss Kathleen Connell, both of Calgary, be appointed members with whom the committee could confer.

By letter, the Association of Registered Nurses of the Province of Quebec proposed the appointment of Miss M. K. Holt of Montreal as convener of the *Committee on Arrangements* for the General Meeting in 1942 ;it was also proposed that Mlle S. Giroux of Montreal become co-convener on this committee. These appointments were ratified with pleasure by the Executive.

The President, as convener of the *Programme Committee,* reported that early plans on the programme for the general meeting were being discussed with members of the committee.

Special Committees

The *Exchange of Nurses Committee* distributed a questionnaire to 80 general and 15 special hospitals and to 15 public health agencies in order to learn the degree of support by those institutions and agencies toward development of plans for inter- and intra-provincial exchange. Information secured was not yet adequate for the committee to make any definite proposals to the Executive.

The *History of Nursing Committee* is preparing a questionnaire by which each provincial committee will be able to report, in tabulated form, material already collected.

The *Committee on Eight-hour Duty for Nurses* is securing schedules of hours of duty used in hospitals in which the forty-eight hour week or ninety-six hour fortnight has been established.

The private duty nurses of Regina, Saskatchewan, have adopted the eight-hour day. At the request of the chairman of the Provincial Committee (Government) to study the working conditions for nurses and nurses-in-training in hospitals in British Columbia, the convener of the committee on eight-hour duty for nurses (C.N.A.) has been asked to serve in connection with the study.

The *Florence Nightingale Memorial Committee* submitted an amended plan by which loans will be made available to members of the C.N.A. The Executive approved the amended plan: (1) that the maximum amount of a loan be $500.; (2) that repayment commence during the first six months following the completion of the course; (3) that, as security, a bond be posted, or one or two guarantors be named; (4) that, if a recipient leaves the nursing profession for marriage or any other reason whatsoever before repayment has been completed, the full balance owing shall be paid immediately. In reference to the granting of bursaries it was decided that, while a considerable amount of C.N.A. reserves have been made available for loans, funds for bursaries (cash grants) are limited. The maximum amount of any one bursary shall not exceed $300. Bursaries will be available to nurses who have demonstrated outstanding ability in administration, teaching or supervision, and who are anxious to prepare themselves for some particular position demanding special qualifications. The Executive ratified the granting of a bursary ($300.) to Miss Jean Davidson of Edmonton, Alberta.

The President has received a letter from the chairman of the committee on management of the Florence Nightingale International Foundation in which it was stated that International House has been hit by a time-bomb and a large part of the building, with furniture, destroyed. The letter expressed the hope that after the war a new building will be erected in keeping with new needs and that an entirely new phase in the work of the Foundation will begin.

The Executive decided that, in view of unsettled conditions, no further donations be requested at present for the Florence Nightingale International Foundation.

The convener of the *Health Insurance and Nursing Service Committee* has asked the provincial representatives to keep her advised of any new developments along health insurance lines in their respective provinces.

The *Legislation Committee* is in consultation with a lawyer in regard to securing an Act of Incorporation for the C.N.A.

A report of a meeting of the *National Joint Committee on Enrolment of Nurses* held on February 1, 1941, was submitted to the Executive. (Please see the March number of the *Journal*, page 167).

The Canadian Nurse

From the report of the editor and business manager of *The Canadian Nurse*, members of the Executive were pleased to note that original articles, dealing with actual nursing procedures, are being received in greater numbers than ever before. They were interested in learning that a Canadian Nurse committee had been appointed by the Graduate Nurses Association of Newfoundland and that a campaign for circulation is in progress; this Association will contribute news of its activities regularly to the *Journal*. The provincial presidents in attendance commented on the value of the progress reports sent

by the editor to the provincial associations.

Resolutions

Other resolutions adopted were:

In reference to the War Savings Campaign: that the Provincial Associations be reminded of the C.N.A. pledge to the Government of loyal support, and that they do everything in their power to continue their support of the War Savings Certificate Plan, both as federated associations of the C.N.A. and through their provincial membership.

Investment of funds: that investment of $3000. of C.N.A. funds be made in the new War Loan that is soon to be offered by the Dominion of Canada, thereby making new money available to the Government.

Stabilizing Nursing Service

Arising from consideration of the possible shortage of qualified nurses for positions in Canada due to existing conditions, it was decided that the Provincial Associations be asked to arrange for discussion of this important matter at their approaching annual meetings. (In making this request, several suggestions as to how this problem should be considered have been submitted to the Provincial Associations.)

Red Cross Nursing Auxiliary Section

In response to a request from the National Commandant of the Women's Voluntary Service Corps, Canadian Red Cross, for the appointment of a C.N.A. representative to act in advisory capacity to the Commandant of the Nursing Auxiliary Section of the Corps, the Executive appointed Miss Eileen Flanagan, of Montreal.

Civilian Nurses Air-Raid Victims Fund

The Executive Committee in recent meeting learned with gratification of the wholehearted response by the Provincial Associations to the appeal made to them by the C.N.A. in aid of civilian nurses in Britain who have been the victims of air raids.

Each Provincial Association gladly endorsed the sending of an early donation of $1000. from C.N.A. reserve funds to the Committee appointed by the Royal College of Nursing, London, to administer the Civilian Nurses Air-Raid Victims Fund, and a similar amount to be used by the College in its relief work, chiefly in rendering aid in air raid shelters.

The general plan for operation of this Fund, prepared from the unanimous opinion of the Provincial Associations as expressed in a returned questionnaire, is that a National Fund be established by the C.N.A.; that collections be made by the Provincial Units, according to plans made by each organization; that these collections be remitted at intervals to the C.N.A. to be forwarded by the latter to London. As donations will be announced in the *Journal*, it is suggested that remittances reach the National Office by the fifth of the month.

From the Director of Voluntary Services of the National War Services Department at Ottawa, it has been learned that registration by the C.N.A. according to the War Charities Act is not required as long as collections for the Fund are restricted to membership only. The Provincial Associations were notified of this regulation. Also,

it has been learned from the Federal Income Tax authorities that deductions from Income Tax Returns are not allowed on donations that are to be used outside Canada.

Contributions to the Fund received from Provincial Associations by March 1 are:

British Columbia	$1500
Ontario	920
Prince Edward Island	200

Summary of Section Reports

The *Hospital and School of Nursing Section* reported a meeting of the Executive at which the appointment of conveners to standing committees and a programme of activities for the present biennium were considered. This Section has taken steps to systematically study such vital nursing questions as stimulating interest in and organized study of the Curriculum Supplement, especially by those who have a part in ward teaching of student nurses; the possible shortage of nurses and the necessity of bringing nursing to the attention of desirable young women; and the responsibility to the general duty nurse which, from the standpoint of the nursing profession, is not less important than the responsibility in relation to the student nurse.

The *General Nursing Section* reported the appointment of vice-chairmen as follows: first vice-chairman, Miss Frances Brown, of Wolfville, N.S.; second vice-chairman, Miss Pearl Brownell, of Winnipeg, Manitoba; also the conveners of standing committees, as: Educational, Miss Ida Lindsay, 16 Lynd Avenue, Toronto, Ontario, and Publicity, Miss Helen Jolly, 3128 College Avenue, Regina, Saskatchewan. Each provincial section had reported to the national Section that many nurses were taking advantage of lectures in war emergency nursing service. During the last quarter of 1940, employment was generally fair, with considerable improvement early in 1941. The executive committee of the Section has agreed to begin a survey of the provinces in an attempt to determine the adequacy of organization of Registries to meet the public need for nursing service, with special attention to the extent to which auxiliary workers are included. After this information is secured consideration will be given to (1) the need for the auxiliary worker in the community; (2) the type of service this worker should be expected to give; and (3) the question of providing a course of instructon for this group.

The *Public Health Section* is continuing the study of minimum standards for employment of public health nurses by consideration of the problem: "How many nurses with public health training could be absorbed in each Province annually in order to meet the requirements of established service?" The first step has been to issue questionnaires to learn (1) the number of nurses that are being graduated each year from Canadian universities with a public health certificate; and (2) the number of nurses that are being absorbed annually into existing services and the number of those with public health training.

Summary of Provincial Association Reports

The majority of the Provincial Associations reported on each or all of the following:

Wide distribution of the pamphlet "Should you wish to become a nurse", about which letters of appreciation were

received from several high school principals.

The instructor's certificate of the St. John Ambulance Association has been secured by numerous instructors and supervisors. Classes in "A.R.P." and first aid have been organized throughout the provinces, including third-year students in schools of nursing.

Appointment of representatives to (1) health insurance and nursing service committee (C.N.A.); (2) sub-committee on records for schools of nursing (C.N.A.).

Consideration of inter- and intra-provincial exchange.

Enrolment of registered nurses for emergency service, as well as enrolment of all graduate nurses and partially trained women for voluntary emergency service.

Plans toward contributing to the Civilian Nurses Air-Raid Victims Fund, and the relief work of the Royal College of Nursing in Great Britain.

The *Alberta Association of Registered Nurses* has appointed a committee to make a survey of the possibilities of establishing a Central School of Nursing in that province; this committee is to work in conjunction with a similar committee by the Alberta Hospital Association.

The Alberta Association of Registered Nurses Act is being revised. If approved at the present session of the Legislature the educational entrance requirement to schools of nursing will be University or Normal School entrance standing. *Members*, 1405.

The *Registered Nurses Association of British Columbia*, through the Legislative Committee has prepared proposed revisions to the Registered Nurses Act. The Discussion Group Committee has organized several local groups to which have been sent outlines of topics for discussion, this is proving an excellent means for arousing interest among nurses. Also there is very satisfactory development of the organization of Districts, as well as of chapters within each district. A list of high school subjects considered specially suitable for young women wishing to become nurses was sent out as in former years to each high school and to individuals requesting them. *Members*, 2661.

The *Manitoba Association of Registered Nurses* is making a survey of the nursing resources of the Province, questionnaires have been sent to married nurses and partially trained women in an endeavour to learn how many would be available in case of emergency. The Association has sponsored a course in home nursing for students of the University of Manitoba. The Public Health and the General Nursing Sections have arranged to hold symposiums on nutrition and communicable diseases. Annual Meeting April 4 and 5, 1941. *Members*, 1485.

The *New Brunswick Association of Registered Nurses* has approved a new form of application for registration. A new appointment to the board of examiners is that of a registered dietitian. The advisory committee on schools of nursing recommended that the committee on instruction, using " A Proposed Curriculum for Schools of Nursing" as a guide, prepare a simpler outline for immediate use in schools of nursing, that this may serve as an approach to the broader outlines of the Proposed Curriculum. Also it was recommended that standardization of instruction in the junior year be undertaken. A question to be brought before the annual meeting in 1941 is the organization of a refresher course in general nursing in place of awarding a scholarship. The local chapters have been asked to prepare an enrolment of all graduate nurses who would be available for voluntary service in case of

emergency or disaster. Arrangements have been made by the chapters to have a qualified speaker address a meeting on the Act for Unemployment Insurance (1940). *Members,* 550.

The *Registered Nurses Association of Nova Scotia* has renamed the three Sections to conform with decision made at the general meeting of the Canadian Nurses Association in 1940. A grant of money has been made to each Section to help defray travelling expenses to meetings. The list of elective courses included in those offered for the Provincial Grade XI pass certificate is being studied by the Hospital and School of Nursing Section for the purpose of selecting those courses that should be listed as compulsory to meet the educational entrance requirements to schools of nursing in Nova Scotia. Committees have been appointed (1) to arrange a refresher course which is to be held at the time of the annual meeting; (2) to study the problem of "the practical nurse". A six weeks Refresher Course in the teaching of home nursing, including demonstrations, was well attended by members of the Halifax Chapter. *Members,* 1026.

The Board of Directors of the *Registered Nurses Association of Ontario* met in January with a full attendance of members. Among reports from committees was that on emergency nursing service as under organization in each District. The plans of the Ontario Civilian Defence Committee in regard to a basic course for nurses and voluntary workers in the province was brought to the Board's attention. Progress reports were received from all districts, sections and committees. Five hundred dollars from reserve funds was voted an immediate donation to the Civilian Nurses Air-Raid Victims Fund. Annual Meeting, April 16-18, 1941, in Niagara Falls. *Members,* 5139.

A quarterly meeting of the *Registered Nurses Association of Prince Edward Island* was held early in February when first aid certificates (St. John Ambulance Association) were presented to nurses who had completed the course. The sum of two hundred dollars from reserve funds was voted toward the Civilian Nurses Air-Raid Victims Fund. Miss Anna Mair has been appointed secretary owing to Miss Leonora Clarke's removal from the province. The members meet twice each month for Red Cross work. Annual meeting, June 10, 1941. *Members,* 123.

The *Association of Registered Nurses of the Province of Quebec* has invested all surplus funds 1940 in Canada's first two War Loans. A plan for "Serving by Saving" is to be brought to the attention of each member. Many instructors and supervisors have obtained the Instructor's Certificate of the St. John Ambulance Association and classes in First Aid are being held in most cities and towns throughout the province.

At an exceptionally well attended meeting of the Hospital and School of Nursing Section, the members voted in favour of a short refresher course for an intensive study of the Curriculum Supplement.

On arrival of the Christmas number of the *Nursing Times,* an appeal was made to alumnae associations, hospitals, health agencies, etc., throughout the province in aid of the Civilian Nurses Air-Raid Victims Fund. The Association hoped to forward a gift of money to the Royal College of Nursing before March 1. Annual meeting, April 17-18, 1941, in Montreal. *Members,* 4167.

The *Saskatchewan Registered Nurses Association* is planning for the organization of districts and chapters throughout the province. Also under consideration is the establishing of a loan or scholarship fund for benefit of members. The appeal for enrolment for emergency nursing service has been made more effective by the co-operation of hospitals and health organizations as well as supported by the press and radio service. *Members*, 1206.

A Gift of Tea

Some time ago the Executive Secretary received the following letter from the State Nurses Association of West Virginia:

Reading recently of a tea rationing in England, some of our nurses in West Virginia would like to send some tea or money to purchase same to send to our sister nurses from Canada and the British Isles who are experiencing such stressful times in Great Britain, and who have our heart-felt sympathy and prayers. Many of us are veterans of the First World War and realize only too well what tea meant, not only to our physical needs, but to our mental up-lift.

If money were sent to you, would it be possible for you to purchase the tea and send it to England, or should we purchase tea in the States and ship it to you for shipment abroad? In this small way we may be able to give a little comfort to your valiant nurses.

After some correspondence, it was decided that the tea should be purchased in Montreal and sent to Miss Hester Parsons, Director of the Education Department of the Royal College of Nursing, with the request that it be distributed where most needed. In acknowledging the arrival of the tea, Miss Parsons has written in part:

The tea arrived safely. Thank you very much and thank you too for your thought in enclosing the money for the duty charge. After much thought we decided that the nurses who were most hardly hit by the rationing of tea were the district nurses, who as you know, are almost incessantly on call night and day, and who have felt the loss of extra cups of tea so badly needed, especially when called up at night.

Consequently, I got into touch with the Superintendent of the Queen's Institute of District Nurses, and from her got the names of four county superintendents to whom we sent a share of the tea. I have had most grateful letters, two of which I have sent direct to Miss Maloney with a letter of thanks. I think there is no doubt that the gift has been tremendously appreciated. (Miss Maloney is Secretary of the State Nurses Association of West Virginia.)

Also, in reply to an inquiry as to the kinds of materials nurses in Canada could send to those in Britain, Miss Parsons has written:

I discussed the question of articles which are lacking amongst nurses, but could not get a very definite idea of what we could suggest for you to send. The kind of things that are lacking now will probably be available in a month or two's time, and are not really the type of things you could send.

One of the suggestions received was wool for knitting. Would you feel that this is a thing your nurses would like to send? In our spare time we are doing a good deal of knitting. If I do have any other ideas I will, of course, write to you at once, but we appreciate so much all that Canada is doing, and we look forward to the day when we shall all meet again after a victorious peace.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

BRITISH COLUMBIA:

Public Health Nurses, Abbotsford	$ 2.00
Graduate Nurses' Association, Penticton	5.00
Staff of Kimberley Hospital	5.00
Victoria Graduate Nurses' Association	12.00

NOVA SCOTIA:

A. A., Victoria General Hospital, Halifax	5.00
Staff and Students, Aberdeen Hospital, New Glasgow	5.00
Branches, Registered Nurses Association of Nova Scotia:	
Valley	15.00
Cumberland County	10.00
Cape Breton and Victoria	10.00

ONTARIO:

A. A., Brantford General Hospital, Brantford	15.00
A. A., Cornwall General Hospital, Cornwall	5.00
A. A., Mack Training School, St. Catharines	10.00
A. A., Niagara Falls General Hospital, Niagara Falls	5.00
A. A., Owen Sound General and Marine Hospital, Owen Sound	10.00
A. A., Ross Memorial Hospital, Lindsay	5.00
A. A., Public General Hospital, Chatham	10.00
A. A., Riverdale Hospital, Toronto	10.00
A. A., St. Luke's General Hospital, Ottawa	10.00
A. A., Woodstock General Hospital, Woodstock	5.00
A. A., Wellesley Hospital, Toronto	10.00
District 1, Registered Nurses Association of Ontario	10.00
Chapter 2, District 5, Registered Nurses Association of Ontario	5.00
Graduate Nurse Staff, Toronto East General Hospital	4.75
Graduate Nurse Staff, Toronto Psychiatric Hospital	3.50
Northland Nurses Club, St. Mary's Hospital, Timmins	5.00
Miss E. A. Williams, Royal Victoria Hospital, Barrie	5.00
St. Catharines Graduate Nurses' Association	5.00

The A.A.R.N. Annual Meeting

The annual meeting of the Alberta Association of Registered Nurses is to be held in Lethbridge at the Marquis Hotel, April 14 and 15, 1941. Topics of interest to be discussed by local speakers include: "Local Social Conditions" by Mrs. H. N. Meech; "The British Commonwealth Air-Training Scheme" by Mr. D. K. Yorath; and a talk by Mr. H. L. Seamans of the Dominion Entomological Laboratory on a subject not yet decided upon, but which will probably be in connection with the work conducted by the laboratory on diseases, such as tularemia, which are found in Alberta.

This is the first time that an annual meeting has been held in Lethbridge, and members of the Lethbridge District are planning an interesting program. A cordial invitation is extended to all members of the Association to visit Lethbridge at this time.

A. E. VANGO,
Secretary, A. A. R. N.

A.R.N.P.Q. Scholarships

The Board of Management of the Association of Registered Nurses of the Province of Quebec is pleased to announce that two scholarships, each with a value of Three Hundred and Fifty Dollars, will be awarded respectively this year to English- and French-speaking members in good standing in the Association, who wish to follow post-graduate courses. Application forms may be obtained at the office of the Registrar, Miss E. Frances Upton, Suite 1019, Medical Arts Building, 1538 Sherbrooke Street, West, Montreal, and must be returned completed before June 1, 1941.

A Fine Record

Following the annual meeting in April of the Registered Nurses Association of British Columbia, Miss Helen Randal will retire from the position which she has held for twenty-three years as Registrar and Inspector of Training Schools. In 1912, Miss Randal was instrumental in organizing the Graduate Nurses Association of British Columbia which later developed into the Registered Nurses Association. She was its president from 1917 to 1919 and has served continuously as a member of the Council since the inception of the Association thus constituting a record which is unique in the annals of nursing in Canada.

In paying tribute to Miss Randal, the President of the Canadian Nurses Association, Miss Grace M. Fairley, writes as follows:

> Great emphasis should be placed on her splendid contribution to nursing in British Columbia. It will be interesting to the members of the Association of Registered Nurses of the Province of Quebec to know that Miss Randal was present at the preliminary meeting which led to the organization of the A. R. N. P. Q. This meeting was held in the little club room on Dorchester Street, I think in 1918. We got a lot of authoritative information from Miss Randal concerning the somewhat stormy passage of the Act in British Columbia and we realized that she was an outstanding authority on provincial organization. How well I remember that meeting!

A graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, Miss Randal served for a time as a staff nurse in that institution and later practised for more than two years as a private duty nurse. No doubt it was the latter experience which gave her that keen insight into the problems of private duty which has been one of her greatest assets in dealing with nursing affairs. Possessed of marked executive and teaching ability, Miss Randal naturally gravitated toward an administrative career. She was successively appointed superintendent of the City Hospital, Rutland, Vermont; superintendent of nurses of St. Luke's Hospital, San Francisco; and from 1912 to 1916 was superintendent of nurses at the Vancouver General Hospital.

HELEN RANDAL

In 1916 Miss Randal became editor and business manager of *The Canadian Nurse*. Her rich professional experience, combined with a natural gift for expression, rendered it possible for her to make a significant contribution to the development of the *Journal*. She assumed her editorial duties at an exceptionally trying period, when a large proportion of Canadian nurses were overseas on

military duty and the demands of wartime were paramount. The difficulties of those years are well reflected in the following report, which she gave at the convention of the Canadian National Association of Trained Nurses in Montreal, in 1917:

> We have no office equipment, not even a filing case, and have been using a typewriter which was loaned me by a friend who assured me that it was one of the earliest types in existence. However, it has been a friend in need. I have had to have a stenographer for some extra work that I simply could not do myself — work that is not so much the editor's work, but business and clerical work which takes up one person's entire time and attention. I have been kept busy doing nothing else.

The editorials written by Miss Randal were characteristic of her quality of mind: clear and trenchant, and shot through with her unfailing humour and quick sense of the ridiculous. An incisive debater and a strong disciplinarian, there has never been any manner of doubt as to what Miss Randal thought on any subject.

At all stages of her career, Miss Randal has actively participated in the activities of professional organizations and served as president of the Canadian Society of Superintendents of Training Schools before that group was merged with the Canadian Nurses Association. In her capacity as registrar and inspector of training schools in British Columbia, she has rendered conspicuous service not only to the nursing profession but to the hospitals and to the public of the Province. She has consistently striven to advance educational standards and has exercised a salutary influence over such hospital authorities as are sometimes inclined to disregard the welfare of their schools of nursing. With untiring energy, she has visited hospitals in all parts of the Province and is looked upon as a sympathetic consultant as well as a competent inspector.

It is the sincere wish of her colleagues and friends that her alert, critical faculty, and her wide experience of the nursing field will continue to make themselves felt to advantage for many years to come.

The R.N.A.B.C. Annual Meeting

The annual meeting of the Registered Nurses Association of British Columbia will take place on April 25 and 26, and will be chiefly devoted to business. At the general session on Friday afternoon the presidential address will be made by Miss Margaret Duffield, and the Registrar, Miss Helen Randal, will give her report. Miss Kathleen Sanderson will present the report of her work as organizer of Districts and Chapters. The reports of the work of various committees will be given as follows: Red Cross Enrolment, Miss G. Fairley; Nightingale Memorial, Mrs. H. J. C. Walker; History of Nursing, Miss M. Gray; *The Canadian Nurse*, Mrs. Pringle; Nursing Service Enrolment (Wartime), Mrs. Pringle.

At the evening session on Friday, Mrs. H. J. C. Walker will report on the Civilian Nurses Relief Fund, and Miss Margaret Kerr on the work of the Discussion Group. The business meetings of the Sections will take place on Friday morning and Saturday morning has been reserved for the meetings of Special Committees. The general session on Saturday afternoon will receive the reports of Sections and Standing Committees, and Miss Helen Randal will present her report as training school inspector.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

A Wartime Refresher Course

AUDREY DICK
Chairman
Public Health Section, Alberta Association of Registered Nurses

Now that you have paid your income tax and reserved a sum for war-saving certificates, you may be thinking in terms of a refresher course at home! Here is what we are doing — exploring and finding treasure chests of new ideas in recent books. Are you interested in present-day research? In "Modern Miracle Men" you will meet scientific detectives who are pursuing the killers, pneumonia, cancer and tuberculosis, who are tracking down the composition of vitamins, and discovering means of eliminating disease caused by insect pests and rodents. You will learn about life in a box, the improved iron lung, gain some insight into the tremendous amount of work being done on influenza and cold vaccines, and in fact, get a peep at the stirring, spendidly dramatic things that are today happening in laboratories the world over.

You have been aware that warts, cold sores, smallpox, poliomyelitis, influenza, the common cold, and many other diseases are the result of virus infections. Much more than that it has been difficult to know, because the elusive virus has baffled research workers in that it refused to show itself under a microscope, or reproduce itself in a culture, or be confined by a porcelain filter. Now at long last this mischief-maker has been tracked down and it is known that at least some varieties are enormous protein molecules which under certain conditions will form themselves into crystals. This isn't characteristic of living matter and makes us believe that the virus belongs on a shadowy boundary which separates the living from the non-living. If you are interested in learning something about the tremendous amount of research that is being done in this world of the infinitely small, in knowing something about the virus in action, how it gets about, and the disorders it produces, read "The Virus, Life's Enemy".

Once John Masefield wrote, "What am I, Life? a thing of watery salt, held in cohesion by unresting cells?" He was very near the truth. If you have a scientific individuality, you will be interested in reading a theory of how life began on this earth. You will be introduced to architecture in miniature and discover that life is a "swirling maelstrom of catalysts, colloids, membranes,

action and reactions, the blooming, buzzing, worrying, molecular confusion which constitutes the living cell". If you want to know how molecules jostle from goal to goal, how this molecular traffic makes up metabolism, and how the master craftsmen, enzymes, help in building up and in tearing down the whole dynamic equilibrium which is life, read what R. W. Gerard has to say about the chemical motif of protoplasm in "Unresting Cells".

If you are having difficulty in meeting the problems of adolescent children, you will be interested to know that psychologists have studied what youth of today want — and here is a surprise — the health appeal ranked near the top of the list. Marguerite M. Hussey, in "Teaching for Health", says that health teaching should be positive and we should further our efforts by appealing to the young through the channels of good looks, social success, sports and ambitions. This book gives many and varied suggestions for the teacher of health.

Another find for nurses working with young people is "Life and Growth" which aims to give a broader outlook on human behaviour, and discusses the whole question of human needs and progress from a social point of view. The problems associated with sex development are here presented frankly and in easily understood terms with particularly good illustrations of the reproductive organs.

Do you as a public health nurse realize that education has not accepted in practice at any level the significant place assigned to health in theory, and that mental health occupies a still less important place? Health is placed first in educational objectives but not in practice. "There is little evidence to show that teachers (to say nothing of the public and the school boards) think fundamental wholesomeness — personal health, sound hygienic processes, and healthful surroundings — as in any real sense the first task in the practical work of education". Do you understand the behaviour of children or do you merely judge it? Do you feel equipped to do something constructive in helping individuals toward personality development? W. Carson Ryan, a distinguished psychologist and educator, presents his findings, with suggestions for improvement, in "Mental Health through Education".

Perhaps you would like to refresh your mind on general problems of health and hygiene. Those problems that you once may have thought dull are presented in a new and fascinating manner, by Thurman B. Rice, in "Living". The writer shows how man has proven himself a superior animal by meeting the challenge of disease and organic disorders. Chapters on the psychology of digestion, checking the respiratory diseases, the care of the heart, and the mysterious allergies take one over familiar ground but with a new approach, and with the addition of recent scientific discoveries. The book makes a good survey of the problems of living and makes suggestions for solving them successfully in this rapidly moving mechanical world.

The books mentioned in this article are:

"Modern Miracle Men", by J. D. Ratcliffe. Published by Dodd Mead and Co.

"The Virus, Life's Enemy", by Kenneth Smith. Published by Cambridge University Press.

"Unresting Cells", by R. W. Gerard. Published by Harper and Brothers.

"Teaching for Health", by Marguerite M. Hussey. Published by Prentice Hall, Inc.

"Life and Growth", by Alice Keliher. Published by D. Appleton-Century Co.

"Mental Health through Education", by W. Carson Ryan. Published by The Commonwealth Press.

"Living", by Thurman B. Rice. Published by W. J. Gage and Co., Toronto.

EDITOR'S NOTE

In a letter addressed to the editor, Miss Dick gives due credit to the nurses who helped to prepare "A Wartime Refresher Course". The full cast includes Audrey Dick, school nurse; Jean Smith, staff nurse in the Calgary Baby Clinic; Helen Garfield, staff nurse in the Calgary Branch of the Provincial Clinic for venereal disease; and Margaret Carpenter, school nurse. Miss Dick gratefully acknowledges the invaluable assistance of Miss Rae Chittick, and recommends the co-operative plan of authorship for the following reasons:

A larger field is explored than is possible for one person to manage in a similar period.

More interest is aroused in the project as more members are given active work.

We have the benefit of a more varied thinking and expressions.

We were all very interested end enthused over the books we reviewed. Probably none of us would have read these books without this motive and we would all have been the losers. The individual value is also very important.

Recent Appointments

The Registered Nurses Association of British Columbia announces the appointment of **Harriet Evelyn Mallory** as registrar and educational adviser. Miss Mallory is a graduate of the School of Nursing of the Winnipeg General Hospital and obtained her academic degree and a diploma as teacher in schools of nursing from Teachers College, Columbia University.

After serving for one year as science instructor in the School of Nursing of the Winnipeg General Hospital, Miss Mallory accepted a similar position at the Vancouver General Hospital. Later, she was appointed superintendent of nurses in the Children's Hospital of Winnipeg, a position she has filled with conspicuous success.

For three years, Miss Mallory was actively associated with the work of the Registered Nurses Association of British Columbia and, since 1939, she has been president of the Manitoba Association of Registered Nurses. She has thus acquired a first-hand knowledge of the problems with which Provincial Associations of Registered Nurses must deal. Her sound academic preparation and her experience of both teaching and administration in schools of nursing will prove invaluable to her in her new and challenging task.

Following her appointment as superintendent of the Victoria Public Hospital, Fredericton, N. B., **Flora Aileen George** has already assumed her new duties. Miss George received her professional training in the School of Nursing of the Sherbrooke Hospital, Sherbrooke, Que., and, after completing a course in teaching and supervision in the School for Graduate Nurses, McGill University, she became assistant matron

and instructor in the Laurentian Sanatorium. Later, she was appointed principal of the school of nursing and superintendent of nurses in the Woman's General Hospital, Montreal.

Prior to accepting her present appointment, Miss George was director of the Nursing Service Bureau in Montreal, and the Committee of Management presented her with a beautiful leather writing case as a token of deep appreciation of the outstanding service she has rendered. Miss George has always taken an active interest in nursing organizations and has served as chairman of the Nursing Education Section of the Association of Registered Nurses of the Province of Quebec. Her friends and colleagues wish her all success in her new work.

Is the Cap a Symbol?

R. D. J. HATHERLEY

It was with mixed feelings I read "Lost Value", by Beatrice Andrews. Truly, nursing should be closely linked with religion when it also is so closely associated with human beings. But like many other things nursing has more or less drifted away from its first ideals.

If nurses are going to take the stand that a cap is sacred to them and that they are more worthy to wear one than a waitress then they must set the example suggested by St. Paul and uphold the teachings of Christ, and be in subjection to such. Why should they wear what is a symbol of most sacred things if they don't believe in them? If a cap is meant to complete a uniform how can we hold it as sacred to ourselves since others also need their uniform completed? Also, there are true children of God amongst waitresses. Should they not be allowed to cover their heads? However, I do agree that it does not seem right for there not to be a difference. Yet so many types of cap are worn by nurses of various schools that it would be hard to find anything distinctive, although they could be distinguished by the "black band". I have wondered why some nurses treat their black band so lightly. Maybe it is too much trouble to sew it on after graduation. I have known people to think real registered nurses must just be undergraduates because they had left their black band off. So why not make this the real distinction?

I think the day for nurses to quibble about the rule of hair nets in the sick room should be past. The net is worn for a purpose to keep the hair out of dressings and other places, and the nurses of today with their training in aseptic technique should be more than ready to co-operate. If the waitress drops a hair in your soup it is miserable you admit, but if you drop one in some poor patient's abdomen, why I suppose it just happened. If nurses were allowed to go without nets in one department of a hospital it would not be long before some thoughtless nurse carried her flair for "prettiness" into some other department where it really mattered. I have yet to meet the superintendent who objects to nurses "prettying" themselves up when off duty, but for nurses to argue about wearing nets on duty seems to me to show how little they have really digested the lectures so kindly and patiently given.

One thing I have wanted to ask for

some time is: "Do nurses think it adds to the dignity of the profession or looks nice to be seen smoking in uniform in public restaurants?" Six of us, sitting at a table, were disgusted to see nurses from a near-by hospital come in and have dinner in uniform and smoke in a most unladylike way. True, I know most people smoke today but should nurses do so in uniform in public places? I suppose their time is scarce, but a coat does not take long to slip on. I've heard more criticism of this sort of thing than I ever have about caps. It takes more than a cap to preserve the dignity of the nursing profession—nurses themselves in their daily lives must constantly uphold it.

New Trends in Britain

A Division of Nursing at the Ministry of Health: In view of the number of matters which come under the control of the Ministry of Health in war time, and in order to prepare for post-war developments, the Royal College of Nursing is urging the Minister of Health to establish a Division of Nursing within the Ministry, to be administered and staffed by suitably trained and experienced nurses. The present need is obvious, for every day the Ministry has to deal with nursing problems in one form or another — in connection with work in shelters, in evacuation and reception areas, in industry, in the Civil Nursing Reserve, with regard to the training and appointment of health visitors, and the future will inevitably bring far-reaching changes.

Control of the Assistant Nurse: The Royal College of Nursing feels that some at least of the findings of the Inter-Departmental Committee on Nursing Services cannot be shelved till after the war, the proper instruction and control of the assistant nurse being a case in point. It, therefore, intends to set up a special committee of interested associations to suggest ways and means of implementing certain of the recommendations. The Private Nurses' Section of the College, in particular, are conscious of the need for a Roll of Assistant Nurses. They admit the difficulty of laying down hard and fast rules of admission to such a Roll during the period of grace, but they question the adequacy of "a certificate of competence from the agency . . . through which they (the assistant nurses) are engaged," as suggested in the recommendations of the Inter-Departmental Committee. Some agencies, conducted on a purely commercial basis by lay people, lack the knowledge to give such a certificate. The Private Nurses' Section are calling an open meeting to discuss the matter. Meanwhile, the Education Committee and Sister Tutor Section of the Royal College are to work on a scheme of training for the assistant nurse.

Public Health Nurses and Air Raid Shelters: Since early December the Royal College of Nursing Unit of Nurses has provided a voluntary night rota to staff the tube stations at Strand and Leicester Square, with a view to demonstrating the value of public health training and experience to a nurse engaged in this type of work. The College itself has just concluded a very successful course of public health lectures especially for the guidance of shelter nurses.

The A.R.N.P.Q. Annual Meeting

The Annual Meeting of the Association of Registered Nurses of the Province of Quebec will be held in Montreal on April 17 and 18 at the Ritz Carlton Hotel. Every effort has been made to meet the particular needs of these times and a large attendance is hoped for. All afternoon and evening sessions will be held in the ball-room of the Hotel. The morning session on Friday, April 18, will be held at the Hôtel-Dieu de St. Joseph. On Thursday, April 17, at 3 p. m., there will be a General Session (bilingual) at which the President, Miss Eileen C. Flanagan, will deliver an address. Mimeographed reports will be available for all who attend. Air Raids Precautions demonstrations will be given by the St. John Ambulance Brigade, and a film, "The Flag of Humanity", will be displayed. Another general session (bilingual) will take place in the evening, at 8.30 p. m. The St. John Ambulance Brigade will give another demonstration of air raid precautions.

On Friday morning, April 18, there will be a General Session (French) at Hôtel-Dieu de St. Joseph. Rev. Sister Denise Lefebvre, B. S., B.Sc.H., R.N., Faculty Member, Institut Marguerite d'Youville will speak on "Clinical teaching in the education of the nurse." Monsieur l'Abbé Iréné Lussier, graduate of l'Institut National d'orientation professionnelle de Paris, et professeur à l'Institut Pédagogique de Montréal, will speak on "How to Study". The General Session (bilingual) will commence at 3 p. m., in the Ritz Carlton Hotel. Dr. L. P. Ereaux, dermatologist, Royal Victoria Hospital, will speak on "The general problems of syphilis in the Province of Quebec". Dr. Alberic Marin, professor of dermatology, University of Montreal, and chief of the Dermato-Syphilographic Clinic, l'Hôpital Notre-Dame, will speak on "Principal aspects of acquired syphilis". Two films will be shown — "With these Weapons", and "Three Counties against Syphilis". In the evening, a General Session (bilingual) will be held at the Ritz Carlton Hotel at 8.30 p. m. Two most distinguished speakers are to be heard at this time; these include the Honourable Adelard Godbout, Prime Minister of the Province of Quebec, and Mr. F. J. Phillip, formerly Paris correspondent to the *New York Times*, and at present Canadian correspondent for the same publication.

E. Frances Upton,
Registrar, A. R. N. P. Q.

Obituaries

Mrs. Robert Melling (Mabel McRae) died recently at Howick, Quebec. Mrs. Melling was a graduate of the Jeffery Hale's Hospital, Quebec City, and a member of the Class of 1921.

Mrs. S. H. Sutherland (Susan Paterson) died on February 24, 1941. Mrs. Sutherland was a graduate of the School of Nursing of the Saint John General Hospital and was the second nurse to graduate from her School. She finished her course of training more than fifty years ago, on June 25, 1890.

STUDENT NURSES PAGE

We Entertain our Parents

VICTORIA RUNNING
Student Nurse
School of Nursing, Belleville General Hospital, Belleville

On a day long to be remembered twenty scared girls reported at the Nurses' Residence. This was the turning point in our lives. We were starting our careers in the world. We all felt a little homesick and strange, and still in each of us there was the thrill of knowing that we were actually starting our chosen profession. We had come from many different parts of Ontario, and most of us met for the first time. That night, in the library, we were introduced to our director of nursing who welcomed us and then introduced us to our instructress and other members of the staff. We looked upon them with awe and respect, and when we went to bed that night each of us vowed afresh that we would be loyal and true to our hospital and its staff.

Twenty new names and twenty new faces, but now that we have been here three months we no longer feel strange with one another. We have made new friends and our spirits ascend and descend together. Now we are more like one big family, struggling together and all aiming for the one goal—to be accepted as a student nurse and be a credit to our parents.

Our letters home were full of our work and our life in the residence. Every day some new experience was added and a little more knowledge gained, and it was hard to describe all that took place. Our instructress, realizing that our days at home were few and far between, and knowing that most parents are deeply interested in their daughter's work, suggested that we might like to entertain them at a social evening in the residence. This would be a chance for us to meet each other's families and would be part of the social training which is included in our course. This suggestion met with great enthusiasm and a meeting was called and committees appointed. We decided to invite the administrator of the hospital, the director of nursing, our instructress, and other lecturers. Each student invited her own parents or friends, and it was a unanimous decision that we should all remain in uniform.

When our parents arrived, each student proudly conducted them to her room. We also showed them our class room, our demonstration room, our sitting rooms, and library. We then took them to the hospital, and showed our bright new dining room and a private room in the new wing of the hospital. More than one heart beat a little faster at the thrill we received from watching their astonished faces as we purposely

spoke in anatomical and medical terms which three months ago had been meaningless to us.

When we returned to the recreation room with our guests, a member of the class introduced the staff to our parents. First came the administrator, who welcomed the parents and outlined the functioning of the hospital. Then came our director of nursing who made each parent feel the personal interest she has in each of us. Our instructress was then introduced, whom we have to thank for the baffled look on our parents' faces when we used our technical terms. Our dietitians were introduced, and our pharmacist who lectures to us in materia medica. He made us all rather uneasy for a moment as he threatened to launch into some of our hospital *faux pas*. Last came the president of the student council, who represented the student body. A physical training demonstration came next on the program, featuring different types of marching, rhythm exercises, and a folk dance, and then the choral society rendered some selections.

I am sure that as our parents left the residence they felt that their daughters were training for a noble profession, under capable instruction, in a modern hospital, and that they were far more full of the joy of living than they had ever been before.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Muriel Rice, a graduate of the Lady Minto Hospital, New Liskeard, and of the public health nursing course at the University of Western Ontario, was appointed to the staff in Kirkland Lake.

Miss Helen Hudson, a graduate of the four-year course in public health nursing of the University of Toronto, was appointed to the staff of the Hamilton Branch.

Miss Mona Kissack, a graduate of the Toronto Western Hospital, and of the public health nursing course at the University of Toronto, was appointed to the staff in East York. Miss Kissack has had experience relieving on the Toronto, London, and Chatham staffs.

Miss Aileen McLean, a graduate of the Toronto General Hospital, and of the public health nursing course at the University of Toronto, has been appointed to the staff of the Montreal Branch. Miss McLean has recently returned from England where she had four months observation work with the Queen's Nurses. She was formerly employed on the staff of the Oshawa Branch.

Miss Flora Moroni, a graduate of the Montreal General Hospital, and of the public health nursing course at the School for Graduate Nurses, McGill University, has been appointed to the staff of the Ottawa Branch. Miss Moroni was formerly employed on the staff of the Montreal Branch and more recently has nursed at Ashbury College.

Miss Margaret MacKenzie, a graduate of the Toronto Western Hospital, and of the public health nursing course at the University of Toronto, has been appointed to the staff of the Toronto Branch.

Miss Lillian MacKenzie, B.A., a graduate of the Royal Victoria Hospital, Montreal, and of the two-months course at the Montreal Branch, has been appointed to the staff of the Winnipeg Branch.

Miss Isabel Mustard, a graduate of the

Toronto Western Hospital, and of the public health nursing course at the University of Toronto, has been appointed to the staff of the Toronto Branch.

Mrs. Ruth Villeneuve, a graduate of the Hotel Dieu Hospital in Cornwall, and of the two-months training course at the Montreal Branch, has been appointed to the staff of the Cornwall Branch.

Miss Marguerite Tanguay, a graduate of the Misericordia Hospital, and of the public health nursing course at the University of Montreal, has been appointed to the staff of the Halifax Branch.

Miss Jeanne Bertrand has been transferred from the Pointe Claire Branch to the staff of the Ottawa Branch.

Miss Rolande Blais has been transferred from the staff of the Kirkland Lake Branch to take charge of the Branch in Pointe Claire.

Miss Grace Ewing, of the Ottawa staff, is relieving temporarily on the Kingston staff.

Miss Margaret Adams has been transferred from the staff in Halifax to the staff of the Dartmouth Branch.

Miss Carolyn Curry, who has been on leave of absence from the Order, has been appointed nurse-in-charge of the Branch in Woodstock, N.B.

Miss Amy Holden has been transferred from the staff of the Halifax Branch to take charge of the Branch at Amherst, N.S.

Miss Muriel Hunter has been transferred from the Branch in Woodstock, N.B., to take charge of the Branch in Moncton.

Miss Katherine Nattress has resigned from the staff of the Hamilton Branch and from the Victorian Order of Nurses for Canada.

Miss Hope Linton has resigned from the staff of the Toronto Branch to accept a position with the East York Municipal Department of Health.

Miss Clara McLeod has resigned from the staff of the Toronto Branch and has been granted leave of absence from the Victorian Order of Nurses for Canada. Miss McLeod has enlisted in the Nursing Service of the R.C.A.M.C.

Miss Florie May has resigned from the staff of the Ottawa Branch to do Child Welfare work in Montreal.

Miss Joy James has resigned from the staff of the Cornwall Branch to accept a position with the Department of Health in Kingston.

Miss Margaret Taylor, a member of the Montreal staff, has been called for military service, and has been granted leave of absence from the Victorian Order of Nurses for Canada.

Miss Jean Burgess, who was in charge of the Branch at Amherst, N.S., has been called for military service, and has been granted leave of absence from the Victorian Order of Nurses for Canada.

"Stepping Stones"

We always keep a weather eye on the bulletins issued by various nursing groups the country over. Like all editors we try to be what Hollywood calls "talent scouts" and these lively periodicals are our happy hunting grounds. Occasionally we discover a budding author from whom we forthwith demand an article for the *Journal.* Quite often we pick up a nice juicy quotation which serves to adorn our pages. Imagine our surprise and joy when we discovered this in the Editor's Page of "Stepping Stones", the official bulletin of the Public Health Nurses Association of the Department of Public Health, Toronto:

Have you seen the January issue of *The Canadian Nurse?* Right through from the very attractive cover picture of three lucky

Nursing Sisters practically hand-in-hand with the handsome Duke of Kent and his two lovely children, we think this is one of the meatiest little numbers it has been our privilege to peruse. Mildred Wilkins certainly has worked out a very complete program for the students of the Winnipeg General Hospital — makes us wish we were starting all over again! The next best thing would be to bear out her statement: "The nurses of the community are re-educating themselves and are going to the hospital for observation work."

Thank you, Hilda St. Germain for "All in a day's work". May we never complain when a five o'clock day sometimes ends at six-thirty. You are keeping the Lamp burning brightly in your part of the world just as surely as are those who carry on emergency services in the basement of war-torn St. Thomas's Hospital. A whole section devoted to Public Health Nursing! Notice how the objectives of the P.H.N.A. coincide with those of the Public Health Section of the C.N.A. And many more articles packed with interest and information. But we weren't asked to review the magazine and only want to suggest that you put it on your "must read" list.

This particular issue of "Stepping Stones" ranges all the way from the growing of spinach to the vagaries of sulphathiazole, besides offering a fine selection of topical verse. In other words it is worthy of the up and coming group it represents.

Refresher Course in Mental Hygiene

A refresher course for registered nurses who are interested in mental hygiene will be given at the School of Nursing, University of Toronto, from May 14 to 17. The general content is as follows: Lectures on the field as a whole, its scope, accomplishments, and needs, by Dr. C. M. Hincks, director, Canadian National Committee for Mental Hygiene; mental hygiene as applied to the various age groups: childhood, by Dr. W. E. Blatz, professor of psychology, University of Toronto, and Dr. J. D. M. Griffin, associate medical director, Canadian National Committee for Mental Hygiene; the adult, by Dr. C. B. Farrar, professor of psychiatry, University of Toronto; the parent, by Dr. C. R. Myers, assistant professor of psychology, University of Toronto.

Observation visits, clinical teaching, and round table discussion will be arranged. All registered nurses interested in mental hygiene are eligible for enrolment. The cost is $5.00 per student. For information apply to the Secretary, School of Nursing, University of Toronto.

O.E.A. School Health Section

The School Health Section of the Ontario Educational Association will hold its annual convention in Toronto on April 15 and 16. On the morning of April 15, Mr. H.F. Gulston, principal of Rosedale School, will report on a study of a hearing aid in a class of hard-of-hearing children. Dr. H. E. Edwards, pediatrician to Forest Hill Village Schools, will speak on fatigue in school children. The following morning will be devoted to a symposium on school health and national defence. Major Hagar Hethrington, R.C.A.M.C., will present the point of view of the doctor; Mr. G. N. Edwards that of the school inspector; Lt. Col. H. G. Bean that of the dentist; and Flying Officer C. G. Stogdill that of the mental hygienist.

The sessions will be held in the Junior Common Room, University College.

NEWS NOTES

ALBERTA

PONOKA:

A meeting of Ponoka District, No. 2, A.A.R.N., was held on January 22 at the nurses residence of the Provincial Mental Hospital when the following members were elected: Chairman, Miss Margaret McLean; vice-chairman, Miss Edith Mills; secretary-treasurer, Miss Edith Kemp; representative to *The Canadian Nurse*, Miss Nessa Leckie. There were twenty-one members present. A convener and committee were elected to organize classes in home nursing in conjunction with the Red Cross Society. Mrs. G. James, Mrs. W. Kar, Mrs. Duthie, and Miss Scott were elected to the committee.

The second part of the meeting took the form of an interesting address by Mrs. Gertrude Phillips of Ponoka, who chose as her subject, "The activities of the Canadian Mothercraft Society."

Miss Elizabeth McKenzie has recently accepted a posititon on the staff of the Kootenay Lake General Hospital, Nelson, B.C.

Miss Janet Gillespie (Kootenay Lake Hospital, Nelson) has been appointed superintendent of Drumheller Municipal Hospital. Miss Barbara Beattie (Calgary General Hospital) has been appointed superintendent of nurses at the Provincial Mental Hospital, Ponoka.

Miss Rae MacLeod (Calgary General Hospital) is now night supervisor at Drumheller Municipal Hospital. Miss Jean Clack (Royal Alexandra Hospital) is now medical supervisor at the Drumheller Municipal Hospital. Miss Margaret Robert (Royal Alexandra Hospital) is now on the staff of Coleman Hospital.

Married: Recently, Miss Erma Burkell to Mr. Bert Demerist.

Married: Recently, Miss Margaret Chisholm to Mr. Peter Hartrick.

Married: Recently, Miss Gene Findlay (Calgary General Hospital) to Mr. Blake Humphries.

Married: Recently, Miss Jessie Robb (Calgary General Hospital) to F.A.C. Wm. Gibb.

Married: Recently, Miss Mary Semple (University Hospital) to Mr. Adrian Price.

Married: Recently, Miss Marie Hansen (Holy Cross Hospital) to Mr. Walter Rideout.

BRITISH COLUMBIA

TRAIL:

Two donations, $150. to the Lord Mayor's Fund and $75. to the Royal College of Nursing, were voted when the Trail Chapter of the R.N.A.B.C. recently held its meeting. The contributions represented $225., proceeds received from the dance organized by the Trail Chapter. The amount given the Royal College of Nursing is in answer to an appeal to aid civilian nurses in Britain who have suffered and endured so much in the performance of their duty.

Final arrangements were made for the West Kootenay district meeting to be held in Nelson for the purpose of electing district officers. Miss Kathleen Sanderson, organizer of the districts of British Columbia, will soon pay a visit to Trail.

Miss Lois Humber reported that favourable progress is being made by the discussion group on nursing problems. These meetings are held every second Monday in the nurses home, and all nurses are invited to attend. One of the interesting points brought up recently was the program of exchange of nurses in Canada.

The Rossland Nurses have now formed their own graduate nurses association.

Married: Recently, Miss Beatrice Doreen Bolivar (Hazelton General Hospital, 1933) to Mr. Frederick H. Angrignon.

Married: Recently, Miss Dora Grace Vickery (Edmonton General Hospital, 1938) to Mr. Gordon Wilson.

Married: Recently, Miss Vivian Kennedy Pearse-Morrison (St. Paul's Hospital, 1930) to Mr. John Eaton.

MANITOBA

BRANDON:

At a recent meeting of the Brandon Graduate Nurses Association Dr. J. A. Findlay gave an address on Sulfanilamide and its compounds. As this is a comparatively new drug that is being used most extensively his lecture was extremely interesting to his audience. The Association has assembled 100 kits to be sent overseas for use by air-raid victims. The married ladies section realized

$35 from a social function held under their auspices. This is to be used to buy supplies for the maternity and children's wards of the General Hospital.

The refresher course has been functioning well, with a large attendance. This class is under the capable direction of Miss E. McNally and is intended for members who wish to refresh themselves on certain phases of nursing work.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter, N.B.A.R.N., was held recently with the president, Miss Hillyard, in the chair. The report of the provincial executive meeting, held recently in Saint John, was read by the president. A report on the work done by the committee for refugees was given by the convener, Miss Myrtle Kay, which showed that three complete layettes have been sent to England and a fourth is nearing completion. Arrangements were completed to provide lunch at the hostel for airmen and soldiers by the nurses once a month. The regular collection for cigarettes for Moncton men on active service overseas was made. Miss Lea Flemmington was appointed a committee of one to canvass the private duty nurses for the regular purchase of War Savings Certificates. A needlepoint bag, donated by Miss Alice Weldon, is being raffled to raise funds for civilian nurses in England, who have lost their private possessions in air raids.

SAINT JOHN:

The annual meeting of the Saint John Chapter, N.B.A.R.N., was held recently at the General Hospital, when the following officers were elected: Honourary president, Miss E. Mitchell; president, Miss Florence Coleman; first vice-president, Miss Louise Bartsch; second vice-president, Miss Margaret Goldsmith; secretary, Miss Regina Reid; assistant secretary, Miss Helen Cahill; treasurer, Miss Margaret McGowan; conveners: program: Miss G. Case, Miss L. Gregory; nursing education, Miss T. Horton; wool convener, Miss A. Carney; *The Canadian Nurse*, Miss E. Pickett; general nursing section: Miss H. Vallis, Miss M. Barber.

The drawing of tickets sold on War Savings Certificates was held, when $300. was raised. One hundred dollars was voted towards the Greek War Relief Fund.

At a later meeting of the Association, recommendation for raise of salary of private duty nurses was discussed, with the decision that it be brought before the annual meeting of the N.B.A.R.N. Miss Cecilia Gleeson, supervisor of the department of communicable diseases at Saint John General Hospital, gave an interesting talk on spinal meningitis, stressing the use of dagenan in the treatment.

Those who have been called recently for military service with the R.C.A.M.C. are the Misses Helen Coburn, Audrey Chapman, Aase Gustavsen, Hazel O'Donnell, and Margaret McJunlin.

On March 4, a meeting of the superintendents, instructors, and supervisors of all hospitals in Saint John was called to organize the Hospital and School of Nursing group. Miss Margaret Murdoch was elected chairman and Miss Jane Stevenson secretary. It was decided that the group would meet monthly to study the Supplement and the Curriculum.

Married: Recently, Miss Dorothy Steeves (S.J.G.H., 1940) to Lieut. Phillip Burgoyne.

Married: Recently, Miss Beulah Thomas (S.J.G.H., 1937) to Mr. Charles Burman.

ST. STEPHEN:

The annual meeting of the St. Stephen Chapter, N.B.A.R.N., was held in January. The following officers were elected: President, Miss Mabel McMullen; vice-president, Miss Myrtle Dunbar; secretary, Miss Margaret McFarlane; treasurer, Miss C. M. Boyd; committee conveners: program, Mrs. Jennie Anderson, Miss C. M. Boyd; entertainment, Mrs. Merle Gibson, Miss A. Spinney; representative to *The Canadian Nurse*, Miss R. E. Follis.

Married: Recently, Miss Jean Leavitt (C. M.H., 1936) to Mr. Lloyd Weatherby.

Married: Recently, Miss Annie Malcolm Wanamaker (C.M.H., 1940) to Fusilier Joseph Blacquierre.

NOVA SCOTIA

HALIFAX:

The registered nurses of Halifax and some representatives for the Province were addressed by Mrs. Keith Hutchison of Montreal, National Commandant of the Auxiliary Nursing Section of the Red Cross Women's Voluntary Service Corps. The meeting was sponsored by the Halifax Branch of the R.N.A.N.S. Mrs. Hutchison presented the organization set-up of the Women's Voluntary Service Corps and urged the formation of a Nursing Section in Nova Scotia.

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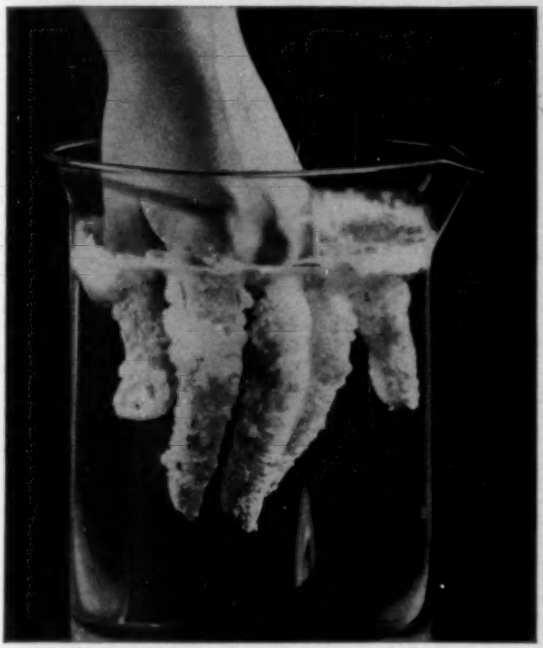

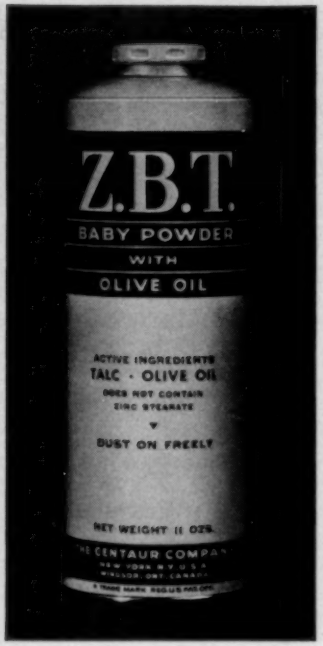

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STELLARTON:

A meeting of the Pictou County Branch, R.N.A.N.S., was held recently at the home of Dr. and Mrs. R. M. Benvie, with eighteen members present. A delightful bridge party followed the regular business meeting.

NEW GLASGOW:

The student nurses of Aberdeen Hospital Training School held a successful Valentine dance at which 125 were present. The guests were received by Miss M. Crossman and Mrs. L. MacEachern.

BERWICK:

A well attended meeting of the Valley Branch, R.N.A.N.S., was held recently at Western King's Memorial Hospital, with the president, Miss A. E. Richardson, in the chair. Dr. Carl Morash gave a very instructive talk on the newer drugs. Donations for the British Civilian Nurses Relief Fund are being sent to the Canadian Nurses Association. Each nurse has pledged one dollar to be sent in immediately, and in future twenty-five cents will be collected monthly from each nurse for this Fund. A delightful social hour followed, with Miss Evelyn Purdy and her staff acting as hostesses.

KENTVILLE:

Mrs. Hope Mack, president of the R.N.A. N.S., and Miss Phoebe MacDonald have been appointed to the board of directors of the recently organized Kentville branch of the Women's Volunteer Reserve Corps. Other nurses are active members, and are in first aid and home nursing classes throughout the Annapolis Valley.

A series of six lectures on tuberculosis, its diagnosis and treatment has just been completed at the Nova Scotia Sanatorium. These lectures were given to the nurses by Dr. A. F. Miller, medical superintendent, and the medical staff.

WINDSOR:

The graduation exercises of the School of Nursing of the Payzant Memorial Hospital took place recently. Six nurses received their diplomas, and Miss Evelyn Huntley was awarded the prize of twenty-five dollars offered by the Valley Branch as an award for general proficiency during her training. Miss A. E. Richardson, superintendent of nurses, made the presentation to Miss Huntley.

ONTARIO

DISTRICT 1

LONDON:

The annual meeting of District 1, R. N. A. O., was held in London on Feb-

ruary 15. The acting chairman, Miss Jessie Wilson of St. Thomas, presided. Reports of the conveners and special committees were most gratifying. The treasurer reported a balance of $210.33. The membership convener stated that there were 876 members at the end of 1940. District 1 voted $100. to be sent at once to aid war victims among British nurses. Mrs. Hedley Smith was appointed temporary convener of the fund. Miss Margaret McPhedran of Sarnia was appointed as district representative to the R.N.A.O. committee co-operating with the C. N. A. in the preparation of a history of Canadian nursing. An interesting paper was given by Sister St. Elizabeth entitled "Teaching on the war", and a demonstration of "a morning circle" was given by Sister St. Benedict and the students of St. Joseph's Hospital.

The nurses were guests of London Chapter, District 1, R.N.A.O., at dinner. Miss Edna Moore of Toronto was the guest speaker and gave a very interesting address on "Nursing on the Home Front". Several selections were given by the Elgar Ladies Quartette. A meeting of the executive of the District was held at St. Joseph's Hospital prior to the general session. The members were guests of the St. Joseph's Hospital Alumnae Association at luncheon.

The officers elected were: Chairman, Miss Jessie Wilson, St. Thomas; first vice-chairman, Mrs. C. I. Salmon, Chatham; second vice-chairman, Major Doris Barr, Windsor; secretary-treasurer, Miss Louise Steele, London; section conveners: nursing education, Miss Margaret McPhedran, Sarnia; public health, Miss Grace Cooper, Windsor; private duty, Miss Helen Parnell, Windsor; membership, Miss Mary May, St. Thomas; publications, Miss Nellie M. Williams, London; *The Canadian Nurse*, Miss Phyllis Roberts, London; enrolment officer, Miss Ida Bull, Windsor; councillors: Miss Madalene Baker, London; Miss Frances Johns, Windsor; Miss Edna Orr, Chatham; Miss Erma Precious, St. Thomas; Miss Ruby Anderson, Sarnia; Miss Doris Williamson, Petrolia; Mrs. Jean Wilson, Strathroy.

A four-day refresher course was recently held in London for about thirty nurses from a number of Ontario towns and cities who have been voluntarily conducting Red Cross Classes. Miss Mildred Walker was in charge of the course, assisted by Mrs. Hedley Smith, commandant of the Women's Voluntary Service Corps.

Married: Recently, Miss Myrtle Windahl (Ontario Hospital, London) to Dr. Kenneth Mitton.

WINDSOR:

The following officers have recently been elected to serve during the coming year by

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the Alumnae Association of the Hotel-Dieu of St. Joseph: Honourary president, Reverend Mother Marie; honourary vice-president, Sister C. Maitre; president, Miss Julia Thomas; first vice-president, Miss Ellen Cox; second vice-president, Miss Jenny Curry; secretary, Miss Ann McNulty; corresponding secretary, Sister Marie I. Roy; treasurer, Miss Lillian Arisenault; associate treasurer, Miss Margaret Lawson; visiting committee: Miss Mary May, Miss Blanche Beuglet.

Reverend Mother Marie and the Sisters at the Hospital were hostesses at a social gathering held recently for the Alumnae Association. This was in the form of a shower, each guest bringing a gift for the Hospital "Bi-A Gift Shop", the proceeds of which were turned in for equipment for the children's ward. Many members were present, and it was a successful get-together. Games and a buffet lunch were much enjoyed.

Districts 2 and 3

Woodstock:

The general meeting of Districts 2 and 3, R.N.A.O., was held in Woodstock recently with a hundred nurses registered. The reports of sections and committees were exceptionally interesting showing that the nurses are keenly alive to the nursing problems of today. Following the report on emergency first aid nursing classes, Dr. Lawson of the Ontario Hospital gave a timely address on air raid precautions. Piano and vocal selections by nurses furnished a happy diversion, after which a delicious high tea was served by the Woodstock nurses. In the evening Dr. W. Hughes showed excellent travel films of the Maritimes, Adirondacks and the Caledonian Fall Fair, where the gay colours of the Scotch plaids delighted the eyes and hearts of the audience.

Kitchener:

A very successful series of first aid emergency nursing classes has been completed in Kitchener. One hundred and forty-three nurses registered but unfortunately several of the nurses were called on night duty and were unable to complete the series. The classes were conducted by the doctors of the 24th Field Ambulance under the direction of Lieut. Col. A. J. McGanity, and practice periods and demonstrations were carried out by the corporals and sergeants of this Unit. A fee of fifty dollars was paid to the 24th Field Ambulance for their services, and the balance of twenty dollars has been donated to the Civilian Nurses Air Raid Victims Fund.

At a recent meeting of the Kitchener and Waterloo Alumnae Association the guests were the St. Mary's Hospital nurses and the local Chapter members. The guest speaker for the evening was Dr. L. C. Fischer, who gave an interesting address on blood diseases.

The graduate nurses of the Kitchener and Waterloo district have completed a course in emergency war work. There was an excellent attendance for each lecture. The officers of Knollwood Training Camp, Kitchener, gave us a splendid lecture, including slides and demonstrations on gas decontamination.

Married: Recently, Miss Mildred Forbes (K.W.H., 1939) to Lieut. Eric Willis, R.C.A.M.C.

Married: Recently, Miss Ellen Lustig (K.W.H., 1928) to Mr. B. Briscoe.

Married: Recently, Miss Celestia Holtzman (K.W.H., 1927) to Mr. T. Hardy.

District 4

Hamilton:

The fifteenth annual meeting of District 4, R.N.A.O., was held recently at the Hamilton General Hospital. There was a large attendance, and reports submitted showed that the various sections had been active throughout the year. Miss Annie Boyd was re-elected as president.

Mrs. Agnes Haygarth, convener of the committee on emergency nursing, reported that 200 nurses had completed the St. John Ambulance course in first-aid and another 100 had taken the course in the various centres of the district. Dr. Franklyn Wishart, assistant professor of Hygiene and Preventive Medicine, University of Toronto, gave an address on biological products and their use in the health department in disease prevention. Miss M. Walker of London, Ontario, and Miss Gretta Ross of Toronto, attended the meeting and were introduced to the nurses of the District. At the tea hour, Mrs. John Stephens and Miss Ada Squires poured tea at a prettily appointed table, bright with spring flowers. Appreciation was expressed to Miss C. Brewster, superintendent of nurses, for her hospitality.

The annual meeting of the Public Health Section, District 4, R.N.A.O., took the form of a largely attended supper meeting when the guest speaker was Miss Gretta Ross, who spoke on the crippled child. Her talk was most interesting and instructive. The following officers of the Section were elected for 1941: President, Miss Constance Leleu; first vice-president, Miss Edith Orchard; treasurer, Miss Dorothy Marshall; secretary, Miss K. Crane; executive: Miss Hattie Sabine, Miss Alile Moffatt. Meetings of the Public Health Section will be discontinued

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until the courses in first aid and air raid precautions are finished. Five nurses have offered their services to teach home nursing classes.

The Public Health Section, District 4, R.N.A.O., recently had the pleasure of hearing Dr. Robert McClure speak of conditions on the Burma Road in China.

District 5

Toronto:

The annual meeting of District 5, R.N.A.O., was held on February 25, with the chairman, Miss Alberta Bell, presiding. The reports presented by the conveners indicated that they have been very active and with gratifying results.

The secretary reported that four general and seven executive meetings were held during the year. Announcement of meeting cards sent to members totalled 6900, and approximately one hundred other items of correspondence were dealt with, and over four hundred telephone contacts.

The treasurer's report showed that the finances of the district are in excellent condition. The membership for 1940 was 1,623, an increase of 194 over that of the previous year. The convener of *The Canadian Nurse* circulation regional committee exhibited many excellent posters which should bring in results. Study groups are being formed by the Hospital and School of Nursing Section in the centres outside Toronto, the chief topic being the Supplement to the Curriculum. The Registry Council reports that the study of the report on the re-organization of registries is commencing to take definite form.

A representative from our organization was appointed to the advisory committee of the Toronto Civilian Defence Committee. During the year a new committee was formed, the principal object of which was the preparation and organization of nurses, to be ready to assist in the Civilian Defence Program. District 5 is going to fall in line with the other districts of Ontario and other provinces in raising funds for the British Civilian Nurses Fund.

The speaker of the evening was Dr. Stanley Ryerson, assistant dean and secretary of the Faculty of Medicine, and director of physical and health education, University of Toronto. Dr. Ryerson gave us the second instalment of the "Assessibility of Health", the first having been presented at our an-

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nual meeting last year. The officers elected for the coming year are: Chairman, Miss Alberta Bell; first vice-chairman, Miss Kathleen McNamara; second vice-chairman, Miss Mabel Sharpe; secretary, Mrs. Edward Major; treasurer, Mrs. R. E. S. Challener; committee conveners: public health, Miss Evelyn Van Lane; general nursing, Miss Ida Lindsay; hospital and school of nursing, Miss Jennie Ives; councillors: Miss Gwladwen Jones, Miss Ruth Scott, Miss Jessie Wallace, Miss Jean Mitchell, Miss Grace Versey, Miss Irene Lawson. The meeting adjourned with the singing of the National Anthem.

OSHAWA:

Chapter 1, District 5, R.N.A.O., still meets regularly to make surgical supplies for the Red Cross, under the capable convenership of Mrs. I. Richardson. We are hoping to organize our general nursing group under the leadership of Miss Anne Reddin, and the hospital and school of nursing group under the leadership of Miss Mary Bourne. Our classes in emergency nursing were a great success. We had such a large attendance we had to move from the Hospital to the General Motors first aid hospital. Great credit should be given to the Whitby and Bowmanville nurses who braved storm and exceedingly slippery roads to attend these lectures.

MIDLAND:

At a meeting of Chapter 2, District 5, R.N.A.O., held recently in Midland, Miss Tannahill, vice-chairman, presided, with members present from Barrie, Orillia, Penetang, and Midland. As driving conditions were poor there was an attendance of only 14. The speaker was Dr. Pinchin of Midland, who acquainted us with the new vitamins K and B and their associates, and brought us up-to-date on various preparations of them. Vocal solos were contributed by Miss Venner. Discussion of first aid courses was carried on, and various methods used in each town were outlined.

TORONTO:

Toronto Western Hospital:

The Alumnae Association of the Toronto Western Hospital recently had a particularly interesting meeting when we were taken for a trip with an officer of the Royal Norwegian Air Force who is at the

Norwegian Camp in Canada. We started on the day the Germans invaded Norway and we followed the exciting trail until it ended in England. The speaker was presented by Mrs. Chant, president of the Alumnae Association, and a hearty vote of thanks was moved by Nursing Sister Mary Craig. The members enjoyed a social hour after the meeting. The private duty nurses of the Toronto Western Hospital recently attended a dinner and bridge and all agreed it was an enjoyable and successful party.

The following excerpts are taken from an interesting letter written by Nursing Sister Jean Clifton, now with No. 15 General Hospital in England:

"On Christmas Eve, Col. MacFarlane produced the records from home. Can you picture our surprise and delight at suddenly hearing the voices of Grace Patterson, Miss Ellis, Miss Sharpe, Miss Rowan, Miss Jones, and the others. Of course it made us awfully homesick, but we loved hearing them just the same and have played those records many times since. Col. MacFarlane got a machine from the B.B.C. on which to play the records. The Red Cross had provided each ward with an electric wireless so that everyone heard the broadcast of messages around the world and the King's speech. On our ward we missed the Canadian part of the program because the choir from a nearby church was singing Christmas carols. Many of the men said they could never have had so happy a time at their Units and were glad to be in the hospital."

Married: Recently, Miss Elizabeth Ward (T.W.H., 1934) to Mr. Fryer.

Married: Recently, Miss Christine Galloway (T.W.H., 1937) to Mr. C. Burgess.

Married: Recently, Miss Phyllis Snell (T.W.H., 1937) to Mr. Townshend.

Married: Recently, Miss Alma Lynd (T.W.H., 1938) to Dr. F. Procunier.

Married: Recently, Miss Winnifred Johnston (T.W.H., 1939) to Mr. A. Guse.

Married: Recently, Miss Ruth McLaughlin (T.W.H., 1939) to Mr. R. Geddes.

Married: Recently, Miss Mary Petch (T.W.H., 1939) to Mr. C. Cameron.

Married: Recently, Miss Mary Rowlandson (T.W.H., 1939) to Mr. J. West.

Married: Recently, Miss Mary Annis (T.W.H., 1940) to Mr. Nelson Armstrong.

Married: Recently, Miss Margaret Cornish (T.W.H., 1939) to Dr. Skelly.

District 6

Belleville:

At a meeting of Chapter A, District 6, R.N.A.O., an instructive illustrated talk

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School of Nursing

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The Thirtieth Anniversary will be celebrated on May 12, 1941. The Committee on Arrangements is proceeding with plans for the occasion.

Every graduate of the School is asked to send her present address (and those of any classmates known to her) to:

Miss Ida Rooke,
Saskatoon City Hospital,
Saskatoon, Sask.

was given by Mr. Williams on the X-ray examination of the urinary tract, gall-bladder, and gastro-intestinal tract. Special reference was made to the preparation of the patient.

Miss Marjorie McIntosh is taking a post-graduate course at St. Michael's Hospital, Toronto. Mrs. Lehman (Vera Ray, B.G.H.) who has been a missionary in Nigeria, West Africa, for the past five years, has returned to Canada on furlough.

Married: Recently, Miss Florence Merryweather (B.G.H., 1940) to Mr. Alexander Strickland, R. C. N.

Belleville General Hospital:

An informal gathering of nurses recently met in the Ritchie Memorial Nurses residence, Belleville. The guests were Mrs. Lehman (née Vera Ray, B.G.H., 1931) and her husband who have recently returned from Nigeria, Africa, where they have been missionaries during the past five years. Mr. and Mrs. Lehman gave a very interesting talk on their work, medical and spiritual, illustrated with pictures. They were afterwards entertained by the staff, and luncheon was served by the student fellowship group.

Miss Marjorie MacIntosh has returned from Toronto where she has been taking a course in fever therapy.

PETERBOROUGH:

At a recent meeting of Chapter C, District 6, R.N.A.O., held at St. Joseph's Hospital, a report on the emergency nursing classes was given by Mrs. Leeson. The Supplement to the Curriculum was the main topic of discussion. Miss Lamb gave a brief summary of Part 1 and Miss Flett summarized Part 2. Sister Gonzoga conducted an interesting conference regarding questions arising from the minutes. Miss Hilda Bennett, inspector of training schools, attended as a guest and aided in the discussion. A social hour followed.

Miss Marjorie Ashie, formerly a member of the Nicholls Hospital staff, is now with the Victorian Order of Nurses in Montreal.

Married: Recently, Miss Verna Allen (Nicholls Hospital) to Mr. R. Parsons.

Married: Recently, Miss Daisy Everson to Mr. B. Eddey.

DISTRICT 7

KINGSTON:

The annual meeting of District 7, R.N.A.O., was held on February 10, at the

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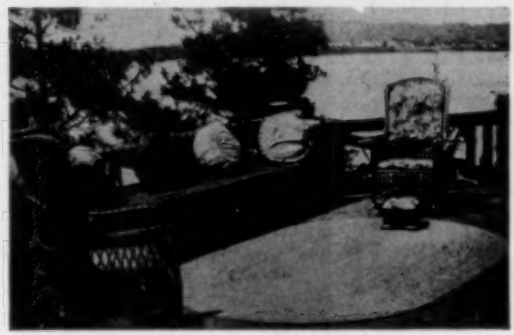

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General Hospital with a good attendance. The officers and executive elected for the coming year are as follows: Chairman, Miss A. Baillie, Kingston General Hospital; first vice-chairman, Miss E. Ardill, Ontario Hospital, Brockville; second vice-chairman, Miss M. Crawford, Ontario Hospital, Kingston; secretary-treasurer, Miss E. L. Sharp, Kingston General Hospital; councillors: Miss E. Freeman, Kingston General Hospital; Miss V. Manders, Perth; Miss E. Moffatt, Brockville General Hospital; Rev. Sister Donovan, Hotel Dieu Hospital, Kingston; Miss P. Gavan, Ontario Hospital, Kingston; committee conveners: nurse education, Miss L. Acton, Kingston General Hospital; private duty, Miss Ann Davis, Kingston; public health, Miss Doris Storms, Kingston; membership, Miss E. L. Sharp, Kingston General Hospital; finance, Mrs. F. Atack, Kingston; war and disaster, Miss M. Blair, Kingston General Hospital; program, Miss E. Moffatt, Brockville General Hospital; publications, Miss E. Duncan, Kingston General Hospital; nominating, Miss F. Latimer, Ontario Hospital, Kingston; *The Canadian Nurse*, Miss O. Wilson.

At the close of the business session, Dr. F. Etherington, dean of the medical faculty, Queen's University, gave a most instructive talk on "A Canadian Hospital in the Last War". Tea was served by the graduate staff of the Hospital.

District 8

Ottawa:

The annual meeting of District 8, R.N.A.O., was held on February 12 in Ottawa, with Miss Molly Black presiding. Gratifying reports were presented by the various officers and the report of the emergency nursing was presented by Miss Mary Acland. Miss Jean Church spoke on civilian air raid precautions. Mrs. Jean Henshaw, executive director of the Children's Aid Society, spoke at the afternoon session on "The British Child Guest."

In response to an appeal for money for the Civilian Nurses Air Raid Victims Fund, money was voted and contributions accepted, and a cheque for three hundred dollars was sent to Toronto for immediate use, further amounts to be raised later.

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"Our contribution toward War Savings" was the title of a talk by Mr. Norman Foster at the evening session, and Mr. Arengo-Jones, assistant analyst, spoke on fruit and vegetable preservation.

The officers elected for 1941 are as follows: Chairman, Miss Mabel Stewart; first vice-chairman, Rev. Sister Mary Evangeline; second vice-chairman, Miss Pearl Walker; secretary-treasurer, Mrs. Ethel Smith; councillors: Miss Victoria Belier, Miss Winnifred Cooke, Miss Muriel Lowrey, Miss Frances Lyons, Mrs. Gwen Fraser, Miss Kate McIlraith.

The annual meeting of the Public Health Section, District 8, R.N.A.O., was held recently with Miss Frances Lyons presiding. Miss Lyons presented the guest speaker, Dr. G. P. Howlett, who gave a very interesting talk on air raid precautions. Miss Allan moved a vote of thanks to the retiring chairman, Miss Lyons, and welcomed Miss Flora Moroni as her successor. Associated with Miss Moroni in office for the year 1941 are the following: Vice-chairman, Miss F. Harris; convener of program, Miss Edith Stevenson; secretary, Miss Allan.

PEMBROKE:

The Pembroke Chapter, District 8, R.N.A.O., held their annual meeting recently at the General Hospital, with Rev. Sister Mary Evangeline presiding. Major Stuart M. Polson, chief medical officer of the Petawawa Military Camp, spoke on surgical aspects of war nursing and gave a vivid and comprehensive outline of the work. A coloured film of the Canadian Rockies and scenes in Saskatchewan was shown by Lieut. J. B. Francis and piano selections were rendered by Miss B. Fagin.

A report on first aid and air raid precautions was presented by Miss Catherine Ryan, and it was arranged that there would be a course of six two-hour period classes under the auspices of the St. John Ambulance Association. Forty-five graduate nurses registered for the course.

The officers elected for the ensuing year are: Chairman, Rev. Sister Mary Evangeline; first vice-chairman, Miss K. McLeod; second vice-chairman, Miss M. Hawkins; secretary-treasurer, Miss Betty Young; conveners: entertainment, Miss Grace Hill; finance, Mrs. Leonard O'Dacre; membership; Rev. Sister Mary Florence; councillors; Mrs. M. J. Legge, Miss F. McDonald, Miss Eleanor Purcell.

Ottawa Civic Hospital:

Miss Kathleen Bayley, Miss Bessie Mulvagh, and Miss Jean McLean have been appointed as Nursing Sisters with the Royal Canadian Army Medical Corps, and Miss Alberta Lamont, with the Royal Canadian Air Force. Miss Ruth Cowper has accepted an appointment in the Falkland Islands.

Married: Recently, Miss Grace Christie (O.C.H., 1930) to Mr. Jason Eades.

Married: Recently, Miss Dorothy Cowley (O.C.H., 1931) to Mr. George Ross Nodwell.

Married: Recently, Miss Winnifred Huycke (O.C.H., 1931) to Mr. F. W. Liesberry.

Married: Recently, Miss Patricia Cromwell (O.C.H., 1935) to Mr. Norman Magnusson.

Married: Recently, Miss Dorothy Fyfe (O.C.H., 1938) to Mr. Albert Morel.

Married: Recently, Miss Nora Williston (O.C.H., 1938) to Mr. Eric Wiskin.

Ottawa General Hospital:

The general meeting of the Alumnae Association of the Ottawa General Hospital took place recently, when the officers for the coming year were elected.

Miss Gladys Clarke, Miss Dorothy Brennan, Miss Annette Bergeron, Miss Anita Mercier, and Miss Muriel Kavanagh have all been called to the Nursing Service, R.C.A.M.C.

Married: Recently, Miss Lilian Baxter (O.G.H., 1938) to Sgt. Gorman Kerr.

Married: Recently, Miss Gabrielle Berube (O.G.H., 1938) to Mr. Jean Benoit.

Married: Recently, Miss Yolande Gaulin (O.G.H., 1938) to Mr. Roland Lapointe.

DISTRICT 9

SAULT STE. MARIE:

At the regular monthly meeting of the chapter Miss Shaw was appointed treasurer to take Miss Castoldi's place, and Miss Vincent was appointed membership convener to fill the vacancy created by Miss Graveston's removal from the city. The main topic of discussion was the formation of classes for first aid instruction. It was decided to review the St. John Ambulance course.

SUDBURY:

The chapter held their monthly meeting at St. Joseph's Hospital. Forty-four nurses

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were present, and, after the business meeting, the first class on first aid and civilian defence was held. At a previous meeting Rev. Sister Madeline gave an interesting talk on the R.N.A.O. and its purpose, tracing the history of its beginning forty-six years ago as the Alumnae Association of the Toronto General Hospital.

GRAVENHURST:

The regular monthly meeting was held with thirty-five nurses present. Mrs. Mary Detweiler, who was in charge of the North West River Hospital, Labrador, under the Grenfell Medical Association, gave an instructive and entertaining talk on her work there. A moving picture showing the combined chemo-therapy and serum treatment of pneumonia was loaned by Dr. E. L. Roberts of the Lederle Laboratories, New York.

NORTH BAY:

The chapter recently held a sleigh ride followed by a supper, the proceeds of which are to start a fund for Red Cross work. Miss Edith Trombley has resigned from the staff of the Civic Hospital.

QUEBEC

MONTREAL:

Montreal General Hospital:

Two M.G.H. graduates, Miss Dorothy Hadrill and Miss Winnifred Gardiner, both private duty nurses, conceived the idea of raising funds to help in building a "Spitfire" to aid Britain in her struggle for freedom. After some correspondence with officials in Ottawa, a committee was formed and they went to work. Bridge parties, raffles, rummage sales, etc., were organized and subscriptions solicited. Their efforts have been most successful and up to date they have raised about fourteen hundred dollars. The campaign is still going on and the sponsors are to be congratulated on their good work. At the February meeting of the Alumnae Association, Dr. A. D. Campbell gave a most instructive and entertaining illustrated lecture on genetics, hormones and vitamins in our family album.

Married: Recently, Miss Isabel M. Tanner to Mr. Patrick F. Bell.

Married: Recently, Miss Margaret M. McLean (M.G.H., 1931) to Mr. H. Olsen.

Royal Victoria Hospital:

Mrs. T. H. Manning (E. Wallace Jackson, R.V.H., 1933) has returned to Montreal with her husband after a three years' expedition to the Arctic. Mrs. Manning will address the April meeting of the Alumnae Association.

Miss Margaret Cogswell (R.V.H., 1937) is now on the staff of the Royal Alexandra Hospital, Edmonton. Mrs. Keith Hutchison (Melicent Branch, R.V.H., 1924) has been appointed national commandant of the nursing auxiliary section of the Women's Voluntary Service Corps of the Canadian Red Cross Society.

Miss Elda McNab is now in the admitting office, and Miss Evelyn Nicholson has succeeded Miss McNab as nurse-in-charge of the R.V.H. Alumnae canteen. Miss Muriel Donohue (R.V.H., 1940) has been appointed stewardess with the Trans-Canada Air Lines.

School for Graduate Nurses, McGill University:

The regular meeting of the McGill School for Graduate Nurses Alumnae Association was held recently, the feature of the evening being an interesting lantern slide entertainment, given by Miss Alice Ahern, of the Metropolitan Life Insurance Company, Ottawa. These pictures were taken by Miss Ahern in Italy, Egypt, Greece, Hungary, England, and Canada. Miss Ahern's art delighted the large audience and the Alumnae Association is truly grateful to her for sharing it so generously with them.

Miss Nellie K. Goodman (Teaching, 1934-35) who has recently been on the staff of the Oshawa General Hospital, has been appointed to the staff of Victoria Hospital, Prince Albert, Sask. Miss Flora George (Teaching 1924-25) of the Nursing Service Bureau, Montreal, has been appointed superintendent of nurses, Victoria Hospital, Fredericton. Miss Florrie May (P.H.N., 1935-36) has recently joined the staff of Child Welfare, Montreal.

Married: Recently, Miss Marion A. Lawler (P.H.N., 1931-32) to Mr. J. Sharp.

Married: Recently, Miss Daisy E. R. Everson (Teaching and Supervision, 1939-40) to Mr. E. Day.

QUEBEC:

Jeffery Hale's Hospital:

At our March meeting Mr. J. Gordon Ross gave an interesting address on civilian protection (C.P.C.) We were pleased to welcome a number of our French nurses to our meeting and a social hour followed.

Miss M. Cochran (J.H.H., 1935) has accepted a position on the staff of the Sana-

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The appointment is for 3 years subject to 3 months' notice on either side to terminate the engagement.

First-class passage direct to Barbados will be paid by the Hospital Board for a full term of service, a proportionate part to be refunded in case of service for a shorter period. Return passage will be paid on satisfactory completion of contract, or on resignation on a medical certificate of ill health due to service.

Applicants must be unmarried or widows without encumbrances, general trained State Registered Nurses, and must have held the post of Sister in some Hospital or Infirmary, and have had administrative experience. Applicants must also have had good operating theatre experience.

Application forms and further particulars may be obtained from the Executive Secretary of the Canadian Nurses Association, 1411 Crescent Street, Montreal. Applications on the forms provided, accompanied by the documents asked for therein, photographs and recent testimonials, should be forwarded by air mail, to:

The Secretary, General Hospital, Barbados, B.W.I.

WANTED

Applications are invited for the position of Night Supervisor in a 125-bed Hospital in the Maritimes. The applicant must be exempt from active military service and must understand the theory and practice of administration. A knowledge of obstetrical nursing, and the capacity to direct student nurses are also essential. Applications should be addressed in care of:

Box 6, The Canadian Nurse, 1411 Crescent Street, Montreal, Que.

torium, Kentville, N.S. Miss Laura White has accepted a position on the staff of Joyce Memorial Hospital, Shawinigan Falls, P.Q.

Married: Recently, Miss Doris Burgess (J.H.H., 1917) to Mr. Irvin Thompson.

SASKATCHEWAN

At its last meeting the Council of the Saskatchewan Registered Nurses Association accepted with deep regret the resignation of the Reverend Sister O'Grady, formerly Superior of St. Paul's Hospital, Saskatoon. For many years the Reverend Sister has been actively associated with nursing interests, particularly as they affect Saskatchewan. Her contributions to professional progress were many and valuable. In her new appointment as Superior of the General Hospital, Edmonton, Sister O'Grady is assured of the enduring good wishes of the nurses of Saskatchewan, who remember her with affection and high regard.

SASKATOON:

At the recent organization meeting of the private duty section, now known as the general nursing section, of the Saskatoon Registered Nurses Association, Dr. L. H. McConnell spoke on brain surgery and nursing care. He stressed keen observation and the knowledge of nursing care in brain surgery as important points of neurosurgical cases. Very informative slides, illustrating some of Dr. McConnell's work, showed the progress that has been made in this field. An unusually large attendance was evidence of the interest shown by the nurses in this branch of surgery. This address followed a dinner meeting held at the Saskatoon City Hospital.

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The use of photography in medicine and crime was the subject of an address given by Dr. G. L. Saunders, of the University of Saskatchewan, at a meeting of the Saskatoon Registered Nurses Association. He illustrated his remarks with interesting pictures, some dealing with X-ray plates and electro-cardiograph. He stated that there was a definite place for a nurse conversant with camera to take photographs of operations. In forensic medicine, he said, photographs might be used where exhibits themselves could not be brought into court. At this meeting, Mrs. A. M. Blue spoke in support of the purchase of War Savings Certificates, and stamps. She commended the Association for its excellent co-operation in furthering the sale of these.

The Association also enjoyed a very educational address given by Mr. Henry Janzen, M.A., on "Foundations of good adjustment". Mr. Janzen has studied recently in Chicago, and he brought us some new and definite ideas in mental hygiene.

The Early Motor Company are giving a course of instruction on truck driving and motor mechanics to nurses in Saskatoon during March and April.

Saskatoon City Hospital:

A successful membership tea was held by the Saskatoon City Hospital Alumnae Association in the nurses' residence recently.

Miss Eleanor Crosby (S.C.H.) has been appointed day supervisor of the private pavilion in the Kingston General Hospital.

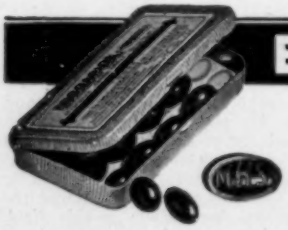
Married: Recently, Miss Isabel Douglas (Children's Hospital, Winnipeg) to Mr. Ivan Jamieson Bell.

Married: Recently, Miss Mabel Chappell (S.C.H., 1937) to Mr. Jack Churchard.

Married: Recently, Miss Marjorie Searle (S.C.H., 1937) to Mr. Stephen White.

Married: Recently, Miss Mary Cameron (S.C.H., 1939) to Mr. Arthur Hudson.

Married: Recently, Miss Lorraine Massey (S.C.H., 1936) to Mr. Joseph Rake.



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Married: Recently, Miss Sylvia Mellesmoen (S.C.H., 1940) to Mr. George Levers.
Married: Recently, Miss Astrid Tagseth (S.C.H., 1939) to Mr. Sarchuk.

NEWFOUNDLAND

ST. JOHN'S:

The new wing of the Nurses Home of the St. John's General Hospital was officially opened recently and provides accommodation for thiry-five staff and fifty-two student nurses. Due to war conditions, the recreation and sitting room furnishings have not yet been received but when these are complete the comfortable new wing will be a source of great pride.

The teaching department is very modern and consists principally of a lecture room; a combination lecture and demonstration room; a fully equipped dietetics laboratory with tables, refrigerators and gas ranges as well as individual gas plates, and equipment for twenty students; a library and study room; and an office for the instructor of nurses.

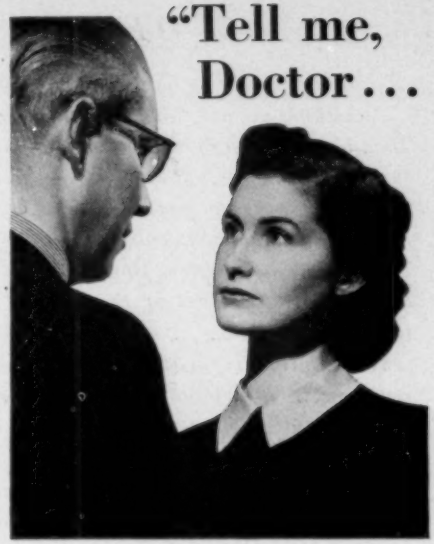
Commencing in September 1941 only one class of preliminary student nurses will be admitted yearly to the School of Nursing. A new department was opened recently to provide accommodation for twenty-four chronic and transient patients, the latter being pre-admission to or post-discharge from hospital but requiring accommodation in the interval between hospitalization and boat and train connections.

Miss Gertrude Hogan, who has been a member of the General Hospital operating room staff for the past five years, went to Montreal in January to take post- graduate courses at the Montreal General Hospital and at the Royal Victoria Montreal Maternity Hospital. Miss Ella Vey, who has completed a post_graduate course at the Children's Memorial Hospital, Montreal, has resigned from the General Hospital to accept a staff position at the Children's Memorial Hospital.

Grace Hospital:

A sale of work was held recently by the Grace Hospital Alumnae Association, the proceeds of which will be used in the reconstruction of the Hospital. A large amount was realized and many ex-patients contributed thereby showing their appreciation of the excellent care and services rendered during their stay in the institution.

Miss Fronie Stickland (School of Nursing University of Toronto, 1940) has been appointed instructress of nurses of the Grace Hospital.



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Although, at the time of writing, it is only the middle of March . . . Spring began for us this very morning, a little ahead of the calendar . . . This is the day when, for the first time, the sun makes a long thin pencil of light on our bedroom wall, after skulking behind a high brick wall all winter long . . . Perhaps because we are reading "The Golden Bough" . . . and finding it quite an adventure . . . the arrival of the vernal equinox has a special significance for us this year . . . anyway, it is good to know that the winter of our discontent is on the wane . . . although we must admit that Montreal is still snowbound . . . When we showed a ribald British Columbian friend the lovely photograph of Easter lilies which adorns the Journal cover . . she looked at it with a cold and fish-like eye . . . "Those never grew in Montreal," said she, "you had to go to Victoria for them" . . . "Never mind the flowers," we told her, "you ought to taste a Montreal melon and Gaspé green peas" . . . but she wasn't listening to us . . . "Do you remember Esquimault", she said dreamily, "with the yellow gorse in bloom?" . . . We did, and were silent . . . And yet if we had our choice, we would live on the prairie . . . when the Spring comes slowly up that way . . . the furry buds of the crocus pushing up through the snow . . . the little pools of blue water in the melting ice of the sloughs . . . the golden tassels of the willows . . . the hoarse and predatory crows following the plough . . . Because the winter is so bitter and so long . . . the first sign of a break is all the more welcome . . . Prairie people watch the sky as sailors do the sea . . . and along about April there comes a change . . . you look up on a sunny afternoon . . . and discover a soft feathery summer cloud . . . floating along like a balloon . . . It may (and usually does) snow the next day . . . but that is good for the crops . . . so nobody minds it . . . This year, no matter where one lives, it will take courage to face the Spring . . . but just the other day, we got a letter, written in the county of Kent . . ."We have been out for a walk on the Common," they told us . . . "Every bank is yellow with primroses . . . and the violets are in bloom under the wet hedgerows . . . the Nazi planes were grinding overhead, but a blackbird kept on singing . . . the Spring has come again in England . . . we are all in the hand of God." — E. J

Official Directory

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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